

U2000100512

Florida Department of
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : RC TAX SERVICE LLC
Account Number : I20140000083
Phone : (407)932-0040
Fax Number : (407)520-5473

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EPOC ELECTRIC LLC

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JAN 26 2021

T. LEWELLYN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPOC ELECTRIC LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWARD G CAMACHO DUQUE

Name of Person

EPOC ELECTRIC LLC

Firm/Company

630 CAPTIVA CIR

Address

KISSIMMEE, FL 34741

City/State and Zip Code

EPOC_ECAMACHO@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD G CAMACHO DUQUE

Name of Person

407 301-8175
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EPOC ELECTRIC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/06/2012 and assigned
Florida document number L12000100512.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EDWARD G CAMACHO DUQUE

New Registered Office Address:

630 CAPTIVA CIR

Enter Florida street address

KISSIMMEE

City

Florida

34741

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EDWARD G CAMACHO DUQUE	630 CAPTIVA CIR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS D CAMACHO	745 STAR MAGNOLIA DR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JHANIS A CAMACHO DUQUE	5252 SUNSET CANYON DR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34758	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) this date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 01/16/2021, 2021

Signature of a member or authorized representative of a member

Edward G. Camacho Duque
Typed or printed name of signee

Filing Fee: \$25.00