

8/13/13

L13000086015

Division of Corporations

(((H13000180238 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000180238 3)))



H130001802383ABC

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To:

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

From:

Account Name : LICENSES ETC INC
Account Number : I20070000159
Phone : (239) 777-1028
Fax Number : (877) 275-3593

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

Email Address: ETC@LicensesEtc.com

RECEIVED

13 AUG 13 AM 6:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EPIC HOSPITALITY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 13 AM 8:39

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COVER LETTER (((H13000180238 3)))

TO: Registration Section
Division of Corporations

SUBJECT: EPIC HOSPITALITY, 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:

Lisa Adams

Name of Person

Licenses, Etc.

Firm/Company

886 110th Ave. N, Suite 6

Address

Naples, FL 34108

City/State and Zip Code

ETC@LicensesEtc.com

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

For further information concerning this matter, please call:

Lisa Adams

Name of Person

239 777-1028

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)

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TALLAHASSEE, FLORIDA

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H13000180238 3)))

ARTICLES OF AMENDMENT(((H13000180238 3)))
TO
ARTICLES OF ORGANIZATION
OF

EPIC HOSPITALITY, 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 06/14/2013 and assigned
Florida document number L13000086015

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 end with 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)

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13 AUG 13 AM 8:39
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

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 608, 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 the Managers or Managing Members on our records, enter the ~~(((H13000180238 3)))~~ ~~(((H13000180238 3)))~~ Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

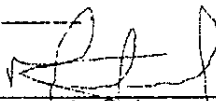
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Charles B. Cunningham	7031 Benjamin Rd. Suite D Tampa, FL 33634	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Samuel Trouy	7031 Benjamin Rd. Suite D. Tampa, FL 33634	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

18 AUG 13 4:59 PM
 STATE OF FLORIDA
 TALLAHASSEE

(((H13000180238 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

Miralys Gonzalez- MGRM

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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 TALLAHASSEE, FLORIDA

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