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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: E.P.I.C. Home Professionals, 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:
Tara Thornburg Name of Person
E.P.I.C. Home Professionals, LLC
15829 Wilson Parrish Rd
Umatilla, FL 32784 City/State and Zip Code
tara@epichomepros.org E-mail abdress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tara Thornburg  Area Code  Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \( \text{Certificate of Status} \) \( \text{Certified Copy} \) \( \text{(additional copy is enclosed)} \) \( \text{Certified Copy} \) \( \text{(additional copy is enclosed)} \)

### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E.P.I.C. Home Profess (Name of the Limited Liability Compa (A Florida Limited I	SIONALS, LLC  my as it now appears on our records.)  Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000122891</u> .	were filed on 8 38 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
	* 74	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	314 a co
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	20 Seems
		Section 1
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		N
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
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 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 Title Type of Action Name Bradley Tyler Ellis 7355 U.S. Hwy 441 134 Lady Lake, FL 32159 MGR ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove \_□ Change

If amending any other informa	ation, enter change(s) here: (Attach additional sheets, if n	ecessary.)
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iffective date, if other than the	date of filing: March 1, 2018 (or	ptional)
an encentre aute is usion, die aute ma	ock does not meet the applicable statutory filing requirements,	fter filing.) Pursuant to 605.0207
e record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at 12:0 ord is filed.	1 a.m. on the earlier o
Pated 3 01	<u>, 2018</u> .	7. 2
Breekn	Signature of a member or authorized representative of a member	NA NA
,	or a memory of a memory of a memory	F
Bradley T	Signafure of a member or authorized representative of a member  Jer Ells  Typed or printed name of signee	
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Filing Fee: \$25.00