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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 Protessionals, LLC
15829 WILSON Parrish Rd.
Umatila, FL 32784 City/State and Zip Code
Lara @ epichomeoros org E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tarahornburg at (352) 636-8543 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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**

FILED

E.P.I.C. Home	Profession	nals, 1202201	AN 24 AM 7:07
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records FOR	ETARY OF STATE
The Articles of Organization for this Limited Liability C	ompany were filed on		and assigned
Florida document number <u>L13000122891</u>	_·	, ,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company he	ere:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the c	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our r	ecords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			- , , , , , , , , , , , , , , , , , , ,
New Registered Office Address:	25		
	Enter Floi	rida street address	
	City	Florida _	Zip Code
New Registered Agent's Signature, if changing Registered	•		zyr Crue

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 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 Name Address Type of Action 2430 Ann Rou Rd 314 DAdd BradleyEllis 15829 Wilson Parrish Rd XAdd Gabrie Thornburg □ Change _____ □Change _____ 🗆 🗆 🗆 Add Remove

____ □Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff <u>Note:</u>	ve date, if other than the date of filing: 205/2022 (optional) certive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the record	I 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 ed.
Dated _.	Jan 18 2022.
	Signature of a member or authorized representative of a member
	Tara L Thornburg Typed or printed name of signee