

L14000095365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 JUN -1 AM 7:39

FILED

SECRET

9/7/24/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPOC Management Group 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:

Norma O'Connor

Name of Person

Firm/Company

21104 Delake Ave

Address

Port Charlotte FL 33954

City/State and Zip Code

E.Paul.Oconnor@gmail.com

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

For further information concerning this matter, please call:

Norma O'Connor

Name of Person

at (941) 585-2204

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 Management Group LLC~~

EPOC MANAGEMENT GROUP, LLC

2023 JUN -1 AM 7:39

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

STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06/12/2014 and assigned
Florida document number L14000095365.

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:

Eugene P. O'Connor

New Registered Office Address:

21104 Delake Ave

Enter Florida street address

Port Charlotte

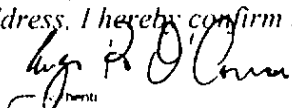
City

Florida 33954

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.

 5/27/23
Eugene P. O'Connor 05/22/23

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>
<u>Reg Agent</u>	<u>Amber O'Connor</u>	<u>2213 SW 32nd St</u>	<input type="checkbox"/> Add
		<u>Cape Coral FL 33914</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>Eugene F. O'Connor</u>	<u>Eugene F. O'Connor</u>	<input checked="" type="checkbox"/> Add
		<u>21104 Delake Ave</u>	<input type="checkbox"/> Remove
		<u>Port Charlotte FL 33954</u>	<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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Norma OConnor
Signature of a member or authorized representative of a member

Norma OConnor
Typed or printed name of signee