

#L14000194497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

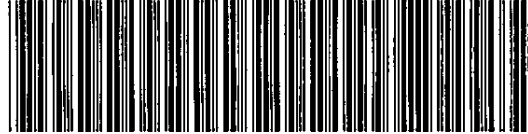
(Document Number)

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06/26/15--01024--022 **61.25

FILED

2015 JUL 14 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 14 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUL 14 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 30, 2015

EPIC SMART HOMES LLC
ANGELA BAKUNOWICZ
9113 RIDGE RD, STE. 43
NEWPORT RICHEY, FL 34654

SUBJECT: EPIC SMART HOMES LLC
Ref. Number: L14000194497

We have received your document for EPIC SMART HOMES LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 715A00013692

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EPIC SMART HOMES
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:

Angela Bakunowicz
Name of Person

Firm/Company

9113 Ridge Rd Ste 43
Address

New Port Richey, FL 34654
City/State and Zip Code

epic-smart-homes@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Bakunowicz at (815) 908-0797
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 JUL 14 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EPIC SMART HOMES 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 12/23/14 and assigned
Florida document number L14000194497.

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**)

9113 Ridge Rd Ste 43
New Port Richey, FL 34654

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

9113 Ridge Rd Ste 43
New Port Richey, FL 34654

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:

Angela Bakunavicz

New Registered Office Address:

9113 Ridge Rd Ste 43

Enter Florida street address

New Port Richey, Florida 34654

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Angela Bakunowicz	9113 Ridge Rd Ste 43	<input checked="" type="checkbox"/> Add
		New Port Richey, FL 34654	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Seana Hayes	8201 Penwood	<input type="checkbox"/> Add
		Port Richey, FL 34668	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2015 JAN 14 AM 10:18
STATE OF FLORIDA
SIXTH JUDICIAL CIRCUIT
IN AND FOR ALTAIR COUNTY, FLORIDA

FILED

2018 JAN 10 PM 10:10
ST. CHARLES, ALABAMA
FALL ARCADE

FILED
2018 JUL 14 AM 10:18
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

(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)

Dated July 10, 2015

Seamus Kugel
Signature of a member or author

Signature of a member or authorized representative of a member

SEANA HAYES
Typed or printed name of signee

Typed or printed name of signee