

L15000052411

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EPIC AIRCONDITIONING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

RECEIVED

15 JUN 17 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 JUN 17 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 18 2015

S. YOUNG

June 17th, 2015

Department of State
Division of Corporation
ATTN: LLC Amendments

To Whom It May Concern:

Attached please find the name change amendment for Epic AirConditioning LLC. This is to change the name of the company to Epic Air Conditioning LLC. This amendment was submitted to your department on 06/02/2015 via fax through your website. I spoke with someone at your department who informed me that they do not have record of the fax being submitted.

Therefore, I am resubmitting the amendment. Please find this attached. Should you have any additional questions, please contact my associate Lisa Adams at (239) 777-8321.

Thank you for your assistance,

Art Loftin
Epic Air Conditioning, LLC

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TALLAHASSEE, FLORIDA

(((H15000134939 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epic AirConditioning, 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 at (239) 777-8321
Name of Person Area Code Daytime Telephone Number

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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

(((H15000134939 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(((H15000134939 3)))

Epic AirConditioning, 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 03 24 201 and assigned
Florida document number L1 0000 2411.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Epic Air Conditiong, LLC

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H15000134939 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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The only applicable change is to change the company name from Epic AirConditioning, LLC
to Epic Air Conditioning, LLC. We would like to add a space to the word air conditioning.
Thank you for your assistance.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 5th, 2015

Signature of a member or authorized representative of a member

Michael A. Loftin

Typed or printed name of signee

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 TALLAHASSEE, FLORIDA

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