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(Requestor's Name)	
(Address)	
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(Document Number)	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corpo				
SUBJECT:	Epix Enterp	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Andre	w Yessler		
	•	Name of Person		
		Firm/Company		
	5205 30	14 Rd Apt. 3D		
		Address	•	
	(N/000	City/State and Zip Code	TALL TALL	
	F-mail address: (1	Y Keskr @ yahoo d be used for future annual report notific	CAHAN	
For further information cor	ncerning this matter, please ca	•	17 F	T
Andre of I	ew Kesser Person	at (347) 451 - (Daytime	SECRETARY OF STATE ALLAHASSEE, FLOR OA Telephone Number	C
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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Epix Enter	Jability Company on it now appears on our re founds Limited Limited Lobelity Company)	(SECOLE)
The Articles of Organization for this Limited Liabi	ility Company were filed on	2015 and assigned
Florida document number	•	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	te limited liability company here:	
The new name must be distinguishable and contain the wore	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET		·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	QX)	2015 JUL SECREL
B. If amending the registered agent and/or registered agent and/or the new registered offi		Fig. D
Name of New Registered Agent:	In Corp Sarvices,	
New Registered Office Address:	17888 67 th Enter Florida stre	Court 5 0
	Loxabatchee	, Florida
	Cuy	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.

on behalf of InCovo Services, Inc If Changing Registered Agent, Signature of New Resistered 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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Gary Randa 220	61 Gates Ave. Makeine, Wy 1156	5_NAdd
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			Change
			Add
			Remove
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ffective	date, if other	than the	date of fi	iling:					등류 (option:	1)2 2(Ia		
fan effect Vote: If	ive date is listed, the date inserted 's effective dat	he date mu d in this bl	st be specific ock does n	and ca ot mee	nnot be pr t the app	licable sta	f filing or me autory filing	ore than 90 d grequireme	lays after fil	ng.) Pur	suant to 605. not be liste	.0207 :d as
	d specifies a Oth day after				e, but	not an e	fective ti	me, at 1	2:01 a.n	n. on t	he earlie	r of
ated	July	14	Jan &	<i>A</i> , -	2019	<u>.</u> .						
		$-\bigcirc$	Signature of	of a mer	nber or au	thorized re	presentative	of a member	r		······	

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Filing Fee: \$25.00