

L15000130131

(Requestor's Name)

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☐ PICK-UP

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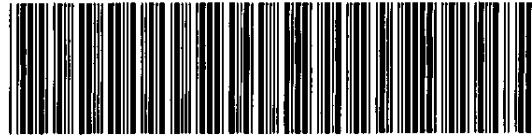
(Business Entity Name)

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17 APR 12 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DEPARTMENT OF STATE
17 APR 12 AM 11:47

D. SCOTT
APR 13 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 593893 8111060

AUTHORIZATION :

COST LIMIT :

Paula Elena
\$ 25.00

ORDER DATE : April 11, 2017

ORDER TIME : 9:45 AM

ORDER NO. : 593893-010

CUSTOMER NO: 8111060

DOMESTIC AMENDMENT FILING

NAME: EPIC DEVELOPERS GROUP LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

**STATEMENT OF AUTHORITY OF
EPIC DEVELOPERS GROUP LLC**

THE UNDERSIGNED FOLLOWING MEMBERS, (i) **American Physicians Foundation Corporation**, a Florida corporation ("APFC"); (ii) **Ava International Investments LLC**, a Florida limited liability company ("Ava"); (iii) **Lilia Investments LLC**, a Florida limited liability company ("Lilia"); and (iv) **Quinn Investment Group LLC**, a Florida limited liability company ("Quinn") ("APFC," "Ava," "Lilia" and "Quinn" are hereafter sometimes collectively referred to as "Managers"), who are each also all the Managers and Members of **Epic Developers Group LLC**, a limited liability company organized under the laws of the State of Florida (the "Company"), hereby certify, ratify and consent to this issuance by the Company of this Statement of Authority:

1. The mailing address of the Company is 2250 SW 3rd Avenue, Suite 500, Miami, Florida 33129.

2. The Company appoints, pursuant to its Operating Agreement and the respective Operating Agreements of the Managers and Section 605.0302, Fla. Stat., **Michael Abbassi** ("Authorized Agent"), of 2250 SW 3rd Avenue, Suite 500, Miami, Florida 33129, as Authorized Agent of the Company.

3. The Authorized Agent is empowered to act on behalf of the Company in the following respects:

A. The Authorized Agent has the power and authority to execute and deliver any conveyance documents, charter documents or other instruments transferring and conveying real or personal property interests or bind the Company to lawful contracts all held in the name of the Company; or

B. Engage in transactions on behalf of, or otherwise act for or bind, the Company in all lawful respects as if the Authorized Agent was the Manager with the powers set forth in the respective Operating Agreements of the Company and Florida law, Chapter 605, Fla. Stat.

4. To take effect, this Statement of Authority must be filed with the State of Florida's Department of State (the "Department").

5. To amend or cancel this Statement of Authority, the Company must deliver to the Department for filing a written amendment or cancellation stating the following:

- (a) The name of the Company as it appears on the records of the Department.
- (b) The street and mailing address of the Company's principal office.
- (c) The date the Statement being affected became effective.
- (d) The contents of the amendment or a declaration that the affected Statement is canceled.

6. This Statement of Authority shall continue in full force and effect and may be relied upon by any third party dealing with the Company until filing of written amendment or cancelation as described in Section 5 above.

[Managers' and Members' signatures appear on following pages]

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7 APR 12 AM 7:45
SECRETARY OF STATE
ALLA SHELTON, FLORIDA

IN WITNESS WHEREOF, the undersigned Manager and Member of the Company has hereunto set its hand and seal on behalf of the Company this 7 day of April, 2017:

American Physicians Foundation Corporation

By: _____

Abdi Abbassi, President

(Corporate Seal)

[Manager's and Member's signatures appear on next page]

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned Manager and Member of the Company has hereunto set its hand and seal on behalf of the Company this ____ day of April, 2017.

Ava International Investments LLC

By: _____


Mehran Aryafar, Manager

[Manager's and Member's signatures appear on next page]


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned Manager and Member of the Company has hereunto set its hand and seal on behalf of the Company this ____ day of April, 2017.

Lilla Investments LLC

By: 
Shokrollah Zedarsi, Managing Member

And

By: 
Michael Abbassi, Manager

[Manager's and Member's signatures appear on next page]

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TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned Manager and Member of the Company has hereunto set its hand and seal on behalf of the Company this 7 day of April, 2017.

Quinn Investment Group LLC

By: _____

Michael Abbassi, Manager

And

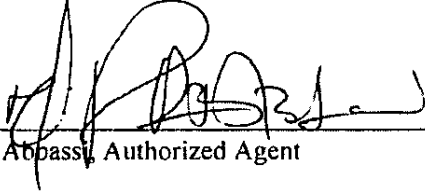
By: _____

Jamette Abbassi, Manager

[Authorized Agent's signature appears on next page]

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TALLAHASSEE, FLORIDA

Acceptance of Appointment by Authorized Agent:

A handwritten signature in black ink, appearing to read 'Michael Abbassi', is written over a horizontal line.

Michael Abbassi, Authorized Agent

[End of Document]

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