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(Req	uestor's Name)	
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(Doc	ument Number)	
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OIVISION OF CORPORATION

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	ic Window	SLLC	
SORTECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brent	EVans Name of Person	·
	Epic W	Firm/Company	C
	<u></u>	Firm/Company	
		Address	
	brent, ep	City/State and Zip Code City/State and Zip Code City/State and Zip Code	gmail, con
For further information e	oncerning this matter, please ca		
лнолналкиак кк Э	Diana Game	at (<u>560)</u> 389 Area Code Daytime	7204
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	•		
\$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

Epic Window LLC				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company				
Florida document number <u>L15000136208</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		18 01 V 19		
(Principal office address MUST BE A STREET ADDRESS)	 	AUG		
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		₹ 200 E		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, <u>enter the name of the nev</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	 Citv	Florida		
New Registered Agent's Signature, if changing Registered Agent:	·			
I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties	, and I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
14655T	Provider Roice	2425 Ravely House Road	🗆 Add
	_	West Palm Beach Fl. 33406	Remove
			Change
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effective date is e: If the date i	other than the d listed, the date must l nserted in this bloo we date on the Dep	be specific and c ck does not me	annot be prior to				g.) Pursuant to 60:
	fies a delayed after the reco		te, but not	an effectiv	ve time, at	12:01 a.m	. on the earli
			2018				

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

Page 3 of 3

Filing Fee: \$25.00