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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Epic Home Staging 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:
F. Michelle Gaylord Name of Ferson
Epic Home Staging LIC Firm/Company
1032 Addison Drive NE Address
St Retensburg FL 33716 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
F. Michelle Gerylord at (727) 871-4621 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

(Name of the Limited Liability Compar (A Florida Limited L	oves it now appears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on April 1, 20 16 and assigned Florida document number and assigned.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi Welcome Home Staging and Desig The new name must be distinguishable and contain the words "Limited Liability"	10 F1 11C	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	632 Addison Dr			
(Principal office address MUST BE A STREET ADDRESS)	St Petersburg 1	<u>-L 33716</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		S		
Name of New Registered Agent:	·	0 7 7		
New Registered Office Address:	Enter Florida street address	(C)		
	, Florida			
	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 Type of Action Title Name **Address** David Gaylord, JR 632 Addison Drive NE XAdd
St Pete FL 33716 Remo AMBR ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change - □ Remove □ Add ☐ Remove ☐ Change □ Add ☐ Remove

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Mata Y	f the date inserted in this block does not meet the applicable statutory filing requirements, this dat	e will no	Ee lis	sted as t
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Filing Fee: \$25.00