

(Req	juestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	:ument Number))
Certified Copies	Certificates	s of Status
Special Instructions to F	Ting Officer:	





10/23/24--01014--023 **60.00

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>£7</u>	IC PADDLE A	to ven TVRES, LLC	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jennife	er Louise Wrig Name of Person	1h+
	EPIC PI	4DDLE ADVENT Firm/Company	URES
		Daetwyfer Dr	
	Orland	O FL 3281.	<u>z</u>
	Zehje E-mail address: (1	nov lands a	amail-Com
For further information c	oncerning this matter, please ca	all:	
Jennifer Name o	Wright f Person	at (<u>407</u>) 69 Area Code Daytime	8-0897 Telephone Number
Enclosed is a check for the	he following amount:		-
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\infty\$ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPIC PAD (Name of the Limited)	DLE A d Liability Company A Florida Limited Liab	DVENT as it now appears ollity Company)	URES L	LC	_
The Articles of Organization for this Limited Lia Florida document number L / 60000	bility Company we		_	2 <u>016</u> an	d assigned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabilit	y company her	<u>e</u> :		
The new name must be distinguishable and contain the wo	rds "Limited Liability	Company," the des	signation "LLC" or t	he abbreviati	on "L.L.C."
Enter new principal offices address, if applica	ble:			(;
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>			•.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	- <u>-</u> 				
B. If amending the registered agent and/or re agent and/or the new registered office address		lress on our re	cords, <u>enter the</u>	name of th	e new registered
Name of New Registered Agent: New Registered Office Address:	Jenni- 6906	Fer Lo Daet w Enter Flori	vise Vyler I Vyler I	Wrig Prive	<u>h+</u>
	Orlan	/	Florida	_	28/2 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.

f 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
		,	Change
			□Add
			Remove
			. ; ⊝ ☐Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

EPI	ic Paddle	Aduntures	s, uc is a	50/50
Dar	trership a notarized nard Gallag nnifer Wrig	5 of 12-	31-2021 u	vhen
- A	notarized	agreem en	+ was sia	hed by
Rich	and Gallag	Ler and	lengi fer t	Brown
1	nnifer /livia	h+)	J-24,1(-1-4,1-1-4)	
Th. a	Day of	· - 00 · · · ·	est days	3a 1 -1
	nniter Wrig Partnersh ittached	11 p agree in	CNT(JOC_V_1.	nen-T
15_A	Ttached			
		.,		
				<u> </u>
				- J.C.,
				
				<u></u>
				<u> </u>
			<u>.</u>	
an effective date is list ote: If the date ins	ther than the date of filited, the date must be specific a erted in this block does not date on the Department of	and cannot be prior to date of t meet the applicable statu	1 -2021 (opt filing or more than 90 days after tory filing requirements, th	ional) er filing.) Pursuant to 605.0207 (. is date will not be listed as th
record specifies a d lis filed.	clayed effective date, but n	ot an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after the
ated Octo	ber 13	2024	<u> </u>	
	Je with	a member or authorized repr	Mucht	- (formerly B
	// Mg/mary/m	a member of dament.ed rep		formerly Brow