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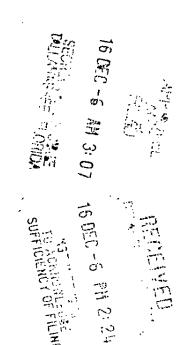
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT:	epix Holdi	nas, LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	emitted for filing	
	idence concerning this matter	-	•
· · · · · · · · · · · · · · · · · · ·	_	-	
	Carol A	M. //q// Name of Person	
	Tropix Ho	oldings LLC	
	1513 Bow	omore or.	
			55
	Carolmaldon E-mail address:	City/State and Zip Code 1900 VI @ a Mail (1) to be used for future annual report notifie	cation)
For further information co	ncerning this matter, please ca		
Carol M. D	Person	at (678) 852 - Area Code Daytime	- 043 8 Felephone Number
			cr
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations to 6327 (see, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited I	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	lity Company were filed on June 17, 2016 and assigned 783/	
This amendment is submitted to amend the followi	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A) Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new	<u>.</u>
soposted agent analys, the new registered office	—————————————————————————————————————	
Name of New Registered Agent:		ŧ
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
-	, Florida	
	டார் கூற பெள்ப	

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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Earl D. Mclean	1513 Bowmore Dr. Clearwater, Fl 3375	🗖 Add
		Clearwater, Fl 3375	5 P Remove
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
 			🗖 Add
			□ Remove
			Ohange
			□ Add d
			Remove
			D Add
			□ Remove
			Change

 	
	(F)
	₹## \$##

Page 3 of 3

Filing Fee: \$25.00