L16000192634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/26/18--01015--014 **25.00

19 JAN 31 PM 12:14

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FEB - 5 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2019

JOHN P. MAAS, ATTORNEY AT LAW
ERICK LORA
44 NE 16TH ST.
HOMESTEAD, FL 33030

SUBJECT: EPMORE 1, LLC
Ref. Number: L16000192634

We have received your document for EPMORE 1, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 519A00000692

20[illegible] 31 AM 11:33

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: EPMORE 1, 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:

Erick Lora
Name of Person

John P. Maas, Attorney at Law
Firm/Company

44 N.E. 16th Street
Address

Homestead, FL. 33030
City/State and Zip Code

Erick@maaslaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erick Lora at (305) 815-3399
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ $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

19 JAN 31 PM 12:14

EPMORE 1, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 19, 2016 and assigned Florida document number L16000192634.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

17999 SW 288th Street
Homestead, FL. 33030

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

17999 SW 288th Street
Homestead, FL. 33030

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Jeffrey D. Losner

New Registered Office Address: 17999 SW 288th Street
Enter Florida street address

Homestead, **Florida** 33030
City *Zip Code*

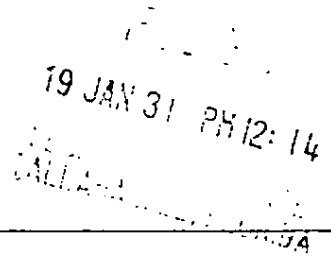
New Registered Agent's Signature, if changing Registered Agent:

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

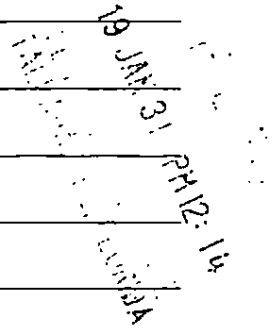
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member



Title	Name	Address	Type of Action
AMBR	William H. Losner	20251 SW 272	☐ Add
		Homestead, FL. 33031	■ Remove
			☐ Change
AMBR	Jeffrey D. Losner	17999 SW 288th Street	■ Add
		Homestead, FL. 33030	☐ Remove
			☐ Change
AMBR	Steven Losner	190 NW 21th Street	■ Add
		Homestead, FL. 33030	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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



E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 11, 2018

Signature of a member or authorized representative of a member

William H. Losner

Typed or printed name of signee

Filing Fee: $25.00