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COVER LETTER

SUBJECT: <u>EPIC RETAI</u>	L CLARCONA, LLC				
	Name of Limit	ed Liability Company			
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.			
Please return all corresponde	ence concerning this matter to	the following:			
	noo	WIT ONLING			
	RUS	Name of Person			
		rame of refou			
	EPIC RET	AIL CLARCONA, LLC			
	Firm/Company				
	907 S. FT. HA	RRISON AVE, SUITE 102			
		Address			
	CI E I DAVI	TED ELONDA 2004			
907 S. FT. HARRISON AVE, SUITE 102 Address CLEARWATER, FLORIDA 33756 City/State and Zip Code rosalie@epicdevco.com					
	eo anti-	a@aniadayaa aam			
•	E-mail address: (to	be used for future annual report notific	cation)		
For further information conc	erning this matter, please cal	1:			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Rosalie Gallina	,	at (727) <u>210-1900</u>			
Name of Pe	erson		Telephone Number		
England is a shock for the C					
Enclosed is a check for the fe	ollowing amount:				
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	x\$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

TO:

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 RETAIL CLARCONA, LLC

(A Florida Limi	ted Liability Company)
The Articles of Organization for this Limited Liability Compa	ny were filed on DECEMBER 5, 2016 and assigned
Florida document number L16000220100.	
This amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." eter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Li	ability 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)	
,	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Ager	

If Changing Registered Agent, Signature of New 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 smending 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

MGR_

ROCWELL INVESTMENTS, LLC

2419 W. Kennedy Blvd., Tampa, Fl 33609

Remove

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ective date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date e: If the date inserted in this block does not meet the applicable sta	atutory filing requirements, this date will no	ant to 605.
ument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an e	effective time at 12:01 a.m. on th	e earlie
ne 90 th day after the record is filed.	snoctive time, at 12.01 a.m. on th	c curric
ed December 6, 2016.		
	representative of a member	
Signature of a member or authorized a	An Armen of his memori	

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Filing Fee: \$25.00