# 1100076046

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		(	COVER LETTER	
	gistration Se- ision of Cor			
SUBJECT:	Epic Theat	res Titusville, LLC		
500JEQ 1.		Name of Limi	ted Liability Company	
The enclosed	EArticles of .	Amendment and fee(s) are sub-	nitted for filing.	
		ndence concerning this matter (		
		William F DeMarsh		
		Epic Theatres Titusville, LL	Name of Person C	
			Firm Company	
		P O Box 2076		
		DeLand, FL 32721-2076	Address	
		el@epictheatres com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual re	port notification (
For further i	nformation c	oncerning this matter, please ca	ull:	
William F. I	DeMarsh		386 736	6830
	Name o	f Person	Area Code	Dayume Telephone Number
Enclosed is		te following amount: □ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy tadditional copy is eack	Sed) Certified Copy radditional copy is enc
		ING ADDRESS: ration Section on of Corporations	Registratio	COURIER ADDRESS: on Section f Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 18 OCT 26 AM 8:4=

Epic Theatres Titusville, 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 file	ed on and	lassigned
Elorida document number L17000076046		

This amendment is submitted to amend the following:

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

N/A			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."			
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	N/A		
(Mailing address MAY BE A POST OFFICE BOX)	· ·		

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

Name of New Registered Agent:	N/A	······································
New Registered Office Address:	N/A Enter Florida street add	Iress
	 Cuy	Florida

### 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Epic Theatres 2, LLC	939 Hollywood Blvd	🗐 Add
· • • • • • • • • • • • • • • • • • • •		Deltona, FL 32725	<b>_</b>
			🗆 Remove
			🗅 Change
MCD	Epic Management Services, Inc.	939 Hollywood Blvd	<u> </u>
MGR			Add
		Deltona, FL 32725	
			Remove
			Change
			🖸 Add
	······································		
			🗌 Remove
			18 ( SEO
			Change
1			🗆 Add
			Remove
			Change
			🗆 Add
			C Remove
			Change

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

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The Co
8 OCT 26 MM
18 OCT 26 AM
<b>.</b>

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.

October 23 Dated	2018
	8.00 )
N	ature of a member or authorized representative of a member
William F. DeMarsh	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00