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(Re	questor's Name)	
(Ad	dress)	
		<u></u> ,
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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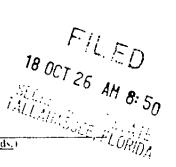
TO: ' Regi Divi	i A ration Se sion of Cor		•	
cub mer.	Epic Prope	erty Ocala, LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are subi	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following.	
		William F DeMarsh		
		Epic Property Ocala, LLC	Name of Person	
		P.O Box 2076	Гив-Сопрану	
		DeLand, FL 32721-2076	Address	
		el@epictheatres.com	City/State and Zip Code	
For further in	iformation c	E-mail address: of oncerning this matter, please er	o be used for future annual report notit ill:	Teation F
William F. C	eMarsh)		386 736-6830	
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	iling Fee	S30,00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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



Epic Property Ocala, 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 I	Jability Comp	pany were filed on 04/04/2017	and assigned
Florida document number L17000076107	 •		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and conton the	words "Limited"	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E ROV)		
intuining dudress sizer biz A r Ostrorrica	. 100.xy		
B. If amending the registered agent and	l/or registere	ed office address on our records.	enter the name of the ne
registered agent and/or the new registered of	•		
Name of New Registered Agent:	N/A		
	N/A 		
Name of New Registered Agent: New Registered Office Address:		Enter Florida street address	
		Enter Florida street address	i.d.,

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 = Månager AMBR = Authorized Member

Title	Name Epic Theatres 2, LLC	Address 939 Hollywood Blvd	Type of Action
AMBR			■ Add
		Deltona, Ft. 32725	☐ Remove
			Change
MGR	Epic Management Services, Inc	939 Hollywood Blvd.	5 val
		Deltona, FL 32725	□ Add
			■ Remove
			Change
			A Charge
			Add OS: 5
			☐ Change
			□ Add
			□ Remove
			☐ Change
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			C 1 ("h

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Effective date, if other than the	ne date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.0.
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statu	ntory filing requirements, this date will not be listed
he record specifies a delay The 90th day after the re		fective time, at 12:01 a.m. on the earlier
October 23	2018	
	• 2	4

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Typed or printed name of signee

Filing Fee: \$25.00