

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6283

From:

Account Name : M. BURR KEIM COMPANY
Account Number : 119990000242
Phone : (215) 563-3113
Fax Number : (215) 977-9386

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EPIC HOME SOLUTIONS LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: EPIC HOME SOLUTIONS LLC**SECOND:** The Florida Document number of the limited liability company is: L17000085405**THIRD:** Document to be corrected is: Articles of Organization**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:The names and addresses of the managers were incorrect as set forth.Article IV The name and address of each person authorized to manage and control the limited liability company:MGR Hector A. Bautista, 7645 Tara Circle, #208, Naples, FL 34104MGR Luis F. Chavarriaga, 5911 Starglass Lane, Naples, FL 34116**OR**☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:**OR**☐ The electronic transmission of the record was defective.RW _____ R. W. Worthington, Jr., Authorized Representative

Signature of Authorized Representative

July 17, 2017

Date

Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.*_____
Registered Agent's SignatureFiling Fee: \$25.00
Certified Copy: \$30.00 (optional)