## L17000115297

(Requestor's Name)
(Address)
(Address)
(Cit (Cit Cit Cit Cit Cit Cit Cit Cit Cit Cit
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000302275730

08/14/17--01017--023 \*\*25.00



D SCOTT AUG 1 5 2017

## **COVER LETTER**

TO: Registration Section , Division of Corporations	
SUBJECT: EPIC HOLUS LI Name of Limited Liability Comp	any
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
EPIC HOLLIN	Son Son
EPIC HOIII  Name of Per  EPIC HOIII  Firm/Compa	iny
19 WESTMLL Address	_ LN
PAZM COAST City/State and Zi	FIORIDA 32164
HOIIIS . ERIC @  E-mail address: (to be used for future	GMAIL - WM
For further information concerning this matter, please call:	
ERIC HOIIS at (386) Name of Person Area Co	de Daytime Telephone Number  September 1
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Certificate of Status \$\square\$ (additional co	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERIC HONIS LI	-C	
(Name of the Limited Liability Company (A Florida Limited Liab	is it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document numberL_170001152977	re filed on 5/20 /25	217 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y 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)		
-	***	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, ente	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5 7
	, Florida _	-Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ad	rformance of my duties, and I an vided for in Chapter 605, F.S. O	n familiar with and or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VERONICA HOLLIS	19 WESTMILL LN	🗆 Add
		PARM COAST PR	Remove
		32164	□ Change
			D Add
			□ Remove
	. 4		Change
MAR	ERIC HOUS	19 WEST MILL LN	Add
		PARM COAST FL	Remove
		32/104	
	<del></del>	<del></del>	Add
		<del></del>	Remove
			Change
			Remove
			Change =
			F m
		<del></del>	□ Add → □ Remove;
			Change

		<del> </del>
<del>.</del>		
		· · · · · · · · · · · · · · · · · · ·
· · ·		
		_
		·
		<del> </del>
		<del> </del>
Tective date, if other than the dat	e of filing: (op specific and cannot be prior to date of filing or more than 90 days at	otional) Par filing \ Dusquant to 605.0
ote: If the date inserted in this block	does not meet the applicable statutory filing requirements, t	this date will not be listed
ocument's effective date on the Depar	tment of State's records.	
record specifies a delayed of	factive data, but not an effective time, at 12,01	lam on the earlier
The 90th day after the record	fective date, but not an effective time, at 12:01 is filed.	r a.m. on the earlier
0 0		
ated <u>8 – 9</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	The I was	· 65
Sign	natury of a member of anthorized representative of a member	
.51gt	y memory of a memory	· · · · · · · · · · · · · · · · · · ·
	EDIC HOLLS	=

Page 3 of 3

Filing Fee: \$25.00