

L17000121985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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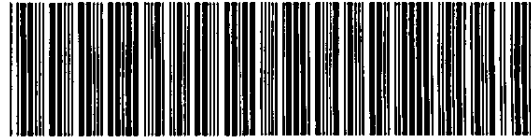
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAR 09 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Epiphany Accounting and Tax Services, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shirley Temple
Name of Person

Epiphany Enterprise Services LLC
Firm/Company

P.O. Box 1649
Address

Brandon, FL 33509
City/State and Zip Code

LA10129@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shirley Temple
Name of Person

at (813) 952-6865
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$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
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**

Epiphany Accounting and Tax Services, 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 filed on 6/5/17 and assigned Florida document number L17000121985.

This amendment is submitted to amend the following:

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

Epiphany Enterprise Services LLC

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)

1505 Spitz Court
Brandon, FL 33511

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1649
Brandon, FL 33509

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

Name of New Registered Agent:

Shirley Temple

New Registered Office Address:

1505 Spitz Court

Enter Florida street address

Brandon

City

Florida 33511

Zip Code

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.

A Temple

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Lara Temple</u>	<u>3541 Old Chamblee Tucker #1</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta, GA 30340</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Leroy Ferguson, Jr</u>	<u>1505 Spitz Court</u>	<input checked="" type="checkbox"/> Add
		<u>Brandon, FL 33511</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Robert Ferguson</u>	<u>1505 Spitz Court</u>	<input checked="" type="checkbox"/> Add
		<u>Brandon, FL 33511</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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FLORIDA

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FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated March 2, 2018

A. Temple
Signature of _____

Signature of a member or authorized representative of a member

Shirley Temple

Typed or printed name of signee