117000247863

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	EP Tech	Services, Ll	
 	Name of Limi	ited Liability Company	
m		10 51	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Edgar	Pevez Name of Person	
	EP Tech	Services, Ll	LC
	1061 5 1+	ianas ee Rd Address	# 1721
	Orlando,	FL 32835 City/State and Zp Code	
	Perez @	entech Services . c	ification)
For further information c	oncerning this matter, please ca	ıli:	
Edgar Pe	rそて f Person		3277 ne Telephone Number
Enclosed is a check for th	-		
\$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)
	ING ADDRESS:	STREET/COUR	
	ration Section on of Corporations	Registration Secti Division of Corpo	
P.O. Bo	ox 6327	Clifton Building	
Tallaha	assee. FL 32314	26 61 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	bs it now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L 17000247863</u>	are filed on $\frac{12/4/17}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty 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:	18 SE
(Principal office address MUST BE A STREET ADDRESS)	JAN JAN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	IB AH 2: 09
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
Nov Degistered America Signature if showing Degistered America	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete periocept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter or removed from our records:		the title, name, and address of each person being added		
MGR = Man AMBR = Autl	ager horized Member			
<u>Title</u>	Name	Address		Type of Action
MGR	Edgar Perez	LOOL	S Hianassee Rd	Add
		Apt	1721	Remove
		Orl	ando, FL 32835	Change
				🗆 Add
				Remove
				Change
				
				Remove
				Change
				Add
				□ Remove
				Change
				Add
				Remove
				Change
				_□ Add
				_□ Remove
				_□ Change

amendii	ng any other information, enter c	hange(s) here: /	Attach additional sheets, if neces	sary.)
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	· · · · · · · · · · · · · · · · · · ·			
				 AC
				JAN H
				AH 2:
				ORIDA
				<u>.</u>
		<u> </u>		
m effective ote: If th	ate, if other than the date of filing date is listed, the date must be specific and a date inserted in this block does not neffective date on the Department of S	cannot be prior to da neet the applicable		ling.) Pursuant to 605.02
	specifies a delayed effective on the day after the record is filed.		n effective time, at 12:01 a.	m. on the eariier
ted	January 16	2018.		
-	Signature of a r	morabet or authoriza	d representative of a member	
	2=1.	Typed or printed na	2 ROJES	
-		7.50	7 7 7	- -

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Filing Fee: \$25.00