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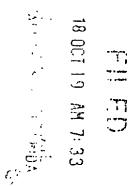
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(Address)					
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(City/State/Zip/Phone #)					
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COVER LETTER

SUBJECT: <u>EPIP</u>	HANY CONSUL Name of Lim	TING LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CANDICE S	Name of Person	
	EPIPHANY	CONSVCTONY Firm/Company	
	go Acron	ROAD # 1811 Address	
	Miami Ber	City/State and Zip Code	
		City/State and Zip Code OAVE Q 6 MATL, to be used for future annual report notif	Com
For further information co	oncerning this matter, please ca	all:	
C'ANDICE Name of	Soave	at (<u>305</u>) <u>299 –</u> Area Code Daytime	- 7755 Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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

TO:

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

(Name of the Limited Lability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>418000049034</u>	were filed on May 14, 2018 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	8
	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	Zip Control
(Mailing address MAY BE A POST OFFICE BOX)	-
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Eyer Florida street address
	vyter Purida Mreet daaress
	, Florida
	City Z.p 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 pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office a	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. 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</u> or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name | <u>Address</u> Type of Action 90 ALTON RD. #18/1 Add
Miami Bench, FL Brem MGR CANDICE SOAVE ☐ Change □ Add □ Remove ☐ Change Remove 🔁 Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add

☐ Remove

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fective date, if other than the date of filing: on effective date is listed, the date must be specific and cannot be printe: If the date inserted in this block does not meet the applicument's effective date on the Department of State's record	licable statutory filing requirements, this date will		
record specifies a delayed effective date, but r The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on	the ear	rlier
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Page 3 of 3

Filing Fee: \$25.00