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(Re	equestor's Name)	
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COVER LETTER

	stration Sect sion of Corpo			
SUBJECT:		tion 24-7 LLC		
0000000			ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return a	all correspond	lence concerning this matter t	to the following:	
		Fred Moldt		
		EPIC Restoration 24-7 LLC	Name of Person	
		14280 S Military TR	Firm/Company	
		Delray Beach/FL 33482	Address	
		freddy.epicrestoration@gma		
			o be used for future annual report noti	fication)
		ncerning this matter, please ca	di:	
Freddy Molds	Name of I	cison	561 859-3185 at () Area Code Daytim	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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:

Participation Socion

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

EPIC Restoration 24-7 LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>06/11/2018</u>	and assigned
Florida document number L18000143699		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 14280 S Military Trail		
(Principal office address MUST BE A STREET ADDRESS)	#8301	
	Delray Beach, FL 33482	<u> </u>
Enter new mailing address, if applicable:	14280 S Military Trail	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	#8301	<u>></u> 11
	Delray Beach, FL 33482	
		54 <u>5</u>
B. If amending the registered agent and/or registered o		
registered agent and/or the new registered office address her	<u>re</u> :	
N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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.

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>	Type of Action
MGR	Apollo 10	14280 S Military Trail #8301	
		Delray Beach, Ft. 33482	
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(If an effective date is listed, the da Note: If the date inserted in t	n the date of filing: te must be specific and cannot be prior to date of filing or r his block does not meet the applicable statutory filing the Department of State's records.	nore than 90 days after filing) Pursuant to 60)5.020 sted a
If the record specifies a del (b) The 90th day after the	ayed effective date, but not an effective erecord is filed.	time, at 12:01 a.m. on the earl	ier (
Dated Nov 11	2018		
			
	Signature of a member or authorized representative		
	Signature of a member of authorized representative	e of a member	

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Filing Fee: \$25.00