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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EPIC Enrites UC 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:
Christopher Doyle Name of Person
EPIC ENTIES, UC Pirm/Company
2225 D. Holden Aue #101 Address
DELAND FL 32839 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christophice Jage at (401) 334-0954 Name of Person Jage Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
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Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	ines UC	
(Name of the Limited	l Liability Company as it now appears on a A Florida Limited Liability Company)	ou <u>r records.</u>)
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on <u>Q</u> 547 <u>8</u>	0/35/30/8 and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B.	<u>ox)</u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		ls, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
		, Florida
	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 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>	Address	Type of Action
<u>AMBR</u>	Ida M. Starks	400 South Cottage Hil	RCBAdd
		Orlando PL 32805	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change

tive date, if other than the date of filing: APLICA QOAH (optional) ffective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nent's effective date on the Department of State's records.
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
APRIL 09. 2024.
Signature of a member or authorized representative of a member
Christopher Doyle Typed or printed name of signee