# 118000 242532

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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# **COVER LETTER**

<b>ፐ</b> O:	Registration Sec Division of Corp			
CHIDI	EPIC Title,	LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	<u> </u>
The e	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspon	ndence concerning this matter	to the following:	
		Sandy Johnston		
			Name of Person	
		EPIC Title, LLC		
		-	Firm/Company	
		6985 Wallace Road		
			Address	<del></del>
		Orlando, FL 32819		
			City/State and Zip Code	<del></del>
		sjohnston@equitabletitle.co		
		E-mail address; (	to be used for future annual report notifi	cation)
For fu	irther information co	oncerning this matter, please c	all:	
Sand	y Johnston		407 370-6664 at ()	
	Name of	Person	Aren Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>S</b> S	25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	□ \$55,00 Fiting 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 Tallahassec, 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 Title, LLC (Name of the Limited Liability Company as it now appears on durfrecords.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 15, 2018 Florida document number <u>L18000242532</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Carlos Fernandez Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

\_. Florida \_\_\_

Page 1 of 3

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
MGR	Carlos Fernandez	6985 Wallace Road	
		Orlando, FL 32819	Add
			■ Remove
		<del></del>	☐ Change
MGR	Amanda Kohler	6985 Wallace Road	8
-		Orlando, FL 32819	
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			Remove
		<del></del>	Change
			Add
			Remove
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(If an effect Note: If	e date, if other than the dative date is listed, the date must be the date inserted in this blocat's effective date on the Department.	e specific and cannot be p k does not meet the ap	orior to date of filin plicable statutor	g or more than 90 days	after filing.) Pursuant to 6	05.0207 (3 sted as th
	rd specifies a delayed of Oth day after the recor		not an effect	ive time, at 12:	01 a.m. on the ear	lier of:
Dated N	ovember 9  Sandy	Mnstee	<del></del> ·			
	Si	gnature of a member or a	nuthorized represer	ntative of a member	_	
	Sandy Johnston					

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Filing Fee: \$25.00