

(Requestor's Name)
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ALLAMASSEE BY 1979

OCT 12 2019 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor					
eun n		CESSING LLC				
SUBJECT:Name of Limited Liability Company						
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		JANEL JORQUERA				
		EPIC PROCESSING LL	C Name of Person			
			Firm/Company			
		9330 NW 10TH CT				
			Address			
	City/State and Zip Code JANEL@EPICPROCESSING.COM					
		E-mail address: (to be used for future annual report notif	ication)		
For fur	rther information c	oncerning this matter, please co	all:			
JANE	L JORQUERA		561 609-8163			
	Name o	f Person		Telephone Number		
Enclos	ed is a check for the	ne following amount:				
□ \$ 2	5.00 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 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 PROCESSING LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records rida Limited Liability Company)	FLURION 31
he Articles of Organization for this Limited Liabilit	y Company were filed on 1/22/2019	and assigned
lorida document number L19000023213		and worghtu
his amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
he new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or re	gistered office address on our records,	, enter the name of the n
egistered agent and/or the new registered office a	ddress here:	
None of New Desires of A		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	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> Mgr	<u>Name</u> JANEL JORQUERA		Address 2298 NW 35TH ST, BOCA RATON.	Type of Action
<u>mgr</u>			FL 33431	Add
				□ Remove
		5.		Change
				
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#16/2019 Effective date, if other than the date of filing:		ny other information,			, , , , , , , , , , , , , , , , , , , ,	
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		N-N Signati	br 9 uera_ ure of a biember or authori	red representative of a me	ember	_
JANEL JORQUERA	JANE	L JORQUERA				

Page 3 of 3

Filing Fee: \$25.00