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COVER LETTER

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Registration Section

Division of Corporations EP CONSTRUCTION SERVICES LLC SUBJECT: 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: ALEXANDRA LOZANO Name of Person Firm/Company 8305 W ATLANTIC BLVD Address CORAL SPRINGS, FL 33071 City/State and Zip Code maxi8317@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEXANDRA LOZANO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EP CONSTRUCTION SERVICES LLC	
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{01/24}{10000025755}$	4/2019 and assigned
Florida document number L19000025755	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here	: :
EP TAX SERVICES LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
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	. 9
Inter new mailing address, if applicable:	-0
Mailing address MAY BE A POST OFFICE BOX)	
	2:
	20
 If amending the registered agent and/or registered office address on our recogent and/or the new registered office address here: 	ords, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida	ı 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

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
			□Add
			□Remove
			Change
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Effective date, if other than the fan effective date is listed, the date many of the date inserted in this belocument's effective date on the I	dock does not me	eet the applicab	date of filing or models statutory filing	(optio ore than 90 days after t requirements, this	nal) Hing.) Pursuant to 605.02 date will not be listed :
	ve date, but not a	an effective tim	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after th
record specifies a delayed effecti d is filed.					
rd is filed.		2024			
d is filed. JULY 8 Dated	,		_•		
d is filed. JULY 8 Dated	 lufas L		zed representative		