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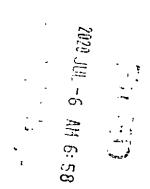
(Requestor's Name)
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(Business Entity Name)
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AUG 1 8 2020 S. YOUNG

## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations						
CUDICCT.	Epiton	ne, LLC					
SUBJECT:		ited Liability Company					
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.					
Please return all corresp	ondence concerning this matter	to the following.					
	,	Alaina Ramirez					
	· · ·	Name of Person					
		Epitome, LLC					
Fim/Company							
	9201 NW 55th St.						
Address							
	Su	ınrise, Florida 33351					
		City/State and Zip Code					
		itomeofsexy@gmail.com					
	E-mail address: (	to be used for future annual report notification)					
For further information	concerning this matter, please c	all:					
Alaina Ram		at (954) 225-4898 Area Code Daytime Telephone Number					
Name	of Person	Area Code Daytime Telephone Number					
Enclosed is a check for	the following amount:						
S \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee					
Tallahassee.		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Epitome,	LLC	•	020
(Name of the Limited Liability Company (A Florida Limited Liability)	y as it now appeability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document numberL20000111408  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company we should be submitted to amend the following:		May 04, 2020	and assigned:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," th	e designation "LLC" or the abb	previation "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 acagent and/or the new registered office address here:	ldress on our	r records, enter the name	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street 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 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
<u>MGR</u>	Alaina Ramirez	9201 NW 55th St.	⊠Add
		Sunrise, Florida 33351	□Remove
			□Change
			□Add
		-	□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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lf an ef Note:	ive date, if other than the date of filing:
e reco rd is fi	rd 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 led.
	July 2. 2020
Dated	
Dated	Alon Kan
Dated	Signature of a member or authorized representative of a member