# K20000185114

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/:	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	







### **COVER LETTER**

Division of Corp	porations		
SUBJECT: <u>EPC</u>	Appare LLC Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	<u>Cedri</u>	Name of Person	
	E.P.C	Apparel LLC	
	2450 #	Collywood Blud Su	ute 50?
	Hollywa	ed, Florida 330.	<b>λ</b> <i>U</i>
	info e e	of c - a Place . Com	fication)
For further information co	meerning this matter, please ca	all:	
Cedin Thui	tler	at ( 258 ) 258 Area Code Daytin	7836
Name of	Person	Area Code Daytin	e Telephone Number
Enclosed is a check for the	e following amount:		
₹0 \$25.00 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)

TO:

Registration Section

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

(A Florida Limited Liability Comp				
( <u>Name lofthe Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000()185114</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	bility company here:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	۲۰۵ دهه پ د د د د د د د د د د د د د د د د د د د			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
	<i>ਹ.</i> ਯ			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new register			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
Now Designed Associated States of the Control of th	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

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
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		Hollywood, Florida 33020	
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ffective date, if of an effective date is lis	t <b>her than the date of</b> ted, the date must be specif	filing:  fic and cannot be price	or to date of filing or	more than 90 days a	ptional) fter filing.) Purs	suant to 605.0
lote: If the date ins	erted in this block does	not meet the appli	cable statutory fill			
ocument's effective	date on the Departmen	it of state's record	S.			
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ated July (	edic J Su	e of a member or aud	iorized representativ	e of a member		

Filing Fee: \$25.00