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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration So Division of Cor			
	THOME SERVICES		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pedro Hernandez		
		Name of Person	
	EP Smart Home Services		
		Firm/Company	
	9900 N Kendall Dr. Apt K	-102	
		Address	
	Miami/Florida 33176		
		City/State and Zip Code	
	epservices305@gmail.com	to be used for future annual report noti	fication
For further information of	concerning this matter, please c		neadony
Pedro Hernandez		305 8908168	
Name o	of Person	Area Code Duytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$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

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 AND TO AN 7: 22 OF

EP SMART HOME SERVICES		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on July 9, 202	0 and assigned
Florida document number 1.20000196070		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9900 N Kendall Dr. Ap	t K-102
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl	<u></u>
	33176	
	9900 N Kendall Dr. Api	r K-102
Enter new mailing address, if applicable:	Miami, Fl	(102
(Mailing address MAY BE A POST OFFICE BOX)	33176	
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 registo
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	Enter Florida stree	t 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 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 1 ... #0:10 Att 7:23

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pedro Hernandez	9846 N Kendall Dr. Apt A-113	≡ Add
		Miami, Fl	□Remove
		33176	
AMBR	Elio Vega	9900 N Kendall Dr. Apt K-102	≣Add
		Miami, Fl	□Remove
		33176	□Change
			□Add
			□Remove
			□Change
			□Add
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