L20000285557						
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# **COVER LETTER**

#### TO: Registration Section Division of Corporations

Epic INV 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:

Angela Garner

Name of Person

ZenBusiness, Inc.

Firm/Company

5511 Parkcrest Drive, Suite 103

Address

Austin, TX 78731

City/State and Zip Code

fulfillment@zenbusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

#### Enclosed is a check for the following amount:

■ S25.00 Filing Fee

S30.00 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

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

# FILED

2021 OCT 12 AM 9: 05 Epic INV LLC (Name of the Limited Liability Company as it now appears on our records RETARY OF STATE (A Florida Limited Liability Company) TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ \_\_\_\_\_ and assigned Florida document number L20000285557 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 19509 SW 54th Enter new principal offices address, if applicable: Pembroke Pines, FL (Principal office address MUST BE A STREET ADDRESS) 33029 19509 SW 54th Enter new mailing address, if applicable: Pembroke Pines, FL (Mailing address MAY BE A POST OFFICE BOX) 33029 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Manager D. S. LA

Name of New Registered Agent:			n <u>e au</u>
New Registered Office Address:			
	Enter Florida	i 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. Thereby 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, <u>enter the title, name, and address of each person</u> being add or removed from our records:

### MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
<u></u>			Add
			Remove
			Change
			🗆 Add
			Remove
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			Add
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		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
		······································	Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

••••••••••••••••••••••••••••••••••••••

If the record 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 record is filed.

Dated October 06 2021

/S/ Brandon Bell Signature of a member or authorized representative of a member

Brandon Bell

Typed or printed name of signee

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Filing Fee: \$25.00