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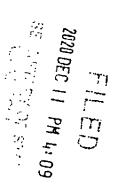
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Epic Vision Enterprise UC 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: |
| David T. White Name of Person |
| Epic Vision Enterprise (C |
| 110 NW SSth Street |
| Gaines Ville FL. 32607 City/State and Zip Code |
| EVEDICA a 9mail (com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (352) 642-5731 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| © \$25.00 Filing Fee |

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

| Epic Vision | Enter Prise | | |
|--|---|--|---|
| (Name of the Limited) | Liability Company as it now appears on Florida Limited Liability Company) | our records.) | |
| The Articles of Organization for this Limited Liabin Florida document number 1 2000 37. This amendment is submitted to amend the following the A. If amending name, enter the new name of the | 2999 ing: | | assigned |
| The new name must be distinguishable and contain the words | s "Limited Liability Company," the design | nation "LLC" or the abbreviation | "L.L.C." |
| Enter new principal offices address, if applicabl | e: | | |
| (Principal office address MUST BE A STREET A | | | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered and/or the new registered office address have a long to the new registered office address have of New Registered Agent: | stered office address on our reco | SECRETARY OF STORES TALLMARS: Tallmarks rds, enter the name of the | TTI |
| | | | |
| New Registered Office Address: | Enter Florida s | street address | |
| | | , Florida | |
| - | City | Zip Co | de |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|--------------------|----------------|
| MGR | David T. White | 110 NW SS+h Street | - MAdd |
| | | Cainesville, Fl. | □Remove |
| | | 32,607 | |
| MGR | Deneatra White | 110 NW SSH Street | Z Z Add |
| | | Cainesulle, FC. | □Remove |
| | | 32607 | □Change |
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| en effecti ote: If t | date, if other to date is listed, the date inserted it's effective date | date must be specin this block doe | ific and cannot is not meet the | applicable su | | | iling.) Pursuant to 6 | |
| ecord s | pecifies a delayed | l effective date, t | out not an effe | ctive time, at | 12:01 a.m. on th | ne earlier of: (b) | The 90th day a | fter the |
| ited | December | A | , a | ao. | 4 | | | |
| | | Signatu | re of a member | or authorized re | presentative of a | member | | |
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