L20000367245

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COVER LETTER

то:	Registration Se Division of Cor			•		
SUBJE	EPBWN In	ternational Consultants LLC	, · ·			
SUBJE	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Pamela Pam				
		···	Name of Person			
		EPBWN International Cor	esultants LLC			
			Firm/Company			
		1435 Malibu Cir NE 102				
			Address			
		Palm Bay FL 32905				
			City/State and Zip Code			
		pamelapam0@gmail.com	to be used for future annual report r	natification)		
For furt	her information c	oncerning this matter, please c	·	(Minication)		
Pamela	Pam		321 9995973			
	Name o	f Person	Area Code Day	time Telephone Number		
Enclose	ed is a check for the	he following amount:				
	5.00 Filing Fee	S30.00 Filing Fee & Certificate of States	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration 5		Street Address: Registration			
	Division of C		Division of C			

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPBWN International Consultants LLC		යි
	y Company as it now appears on our record Limited Liability Company)	<u></u>
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 19th November 20	
Florida document number L20000367245	· ·	2 8
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
EPBWN Consultants International LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC	" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ECC	
Principal office address MOST BE A STREET ADDR	<u> </u>	1
		_ +
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registere
igent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street addres	`
		orida
	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
			□Add
			□Remove
			□Change
			□Remove
	•		□ Change
			□Add
			□Remove
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			DAdd
			□Remove
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