

L20000378308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

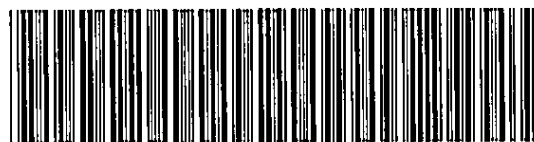
(Document Number)

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21 APR 26 AM 9:59

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EPIA HOLDINGS LLC

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:

Panagiotis N. Jamanis

Name of Person

Firm/Company

1400 Gulf Blvd. #612

Address

Clearwater Beach, FL 33767

City/State and Zip Code

agimholdings@gmail.com

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

For further information concerning this matter, please call:

Panagiotis N. Jamanis

Name of Person

at (585) 739-2041

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 32311



Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St., Suite 210
Tallahassee, FL 32311

100-443887-10

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/03/2020 and assigned Florida document number L20000378308.

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 "L.L.C."

Enter new principal offices address, if applicable:

1400 Gulf Blvd. #612

(Principal office address MUST BE A STREET ADDRESS)

Clearwater Beach, Florida 33767

Enter new mailing address, if applicable:

1400 Gulf Blvd. #612

(Mailing address MAY BE A POST OFFICE BOX)

Clearwater Beach, Florida 33767

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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, 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SJR Holdings, LLC	1450 Brickell Ave. 18th Floor	<input type="checkbox"/> Add
		Miami, FL 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Panagiotis N. Jamanis	1400 Gulf Blvd. #612	<input checked="" type="checkbox"/> Add
		Clearwater Beach, Florida 33767	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Vickie Hristodoulou	1400 Gulf Blvd. #612	<input checked="" type="checkbox"/> Add
		Clearwater Beach, Florida 33767	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

21 APR 26 AM 10:00

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 April 23, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signer

Kelly Causey, authorized agent