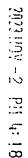


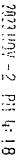
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to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





11/02/23--01007--017 **30.00







COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|---|--|---|--|--|
| Epic One. I | LLC ' | , | • | |
| 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: | | |
| | Daiana Scala | | | |
| | | Name of Person | <u> </u> | |
| | Epic One, LLC | | | |
| | · | Firm/Company | | |
| | 19495 Biscayne Blvd STE | 608 | | |
| | | Address | | |
| | Aventura FL 33180 | | | |
| | officemanager@corporacion | City/State and Zip Code ninter.com | | |
| | E-mail address: (| to be used for future annual report not | ification) | |
| For further information of | concerning this matter, please c | all: | | |
| Daiana Scalia | | 305 206-1750 | | |
| Name o | of Person | at () Area Code Daytin | ne 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 | | Street Address: | action | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | |
| P.O. Box 6327 | | | The Centre of Tallahassee | |
| Tallahassee, | FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (<u>Name of the Limited Liability C</u> (A Florida Lir | ompany as it now appears on our records.) mited Liability Company) | | |
|--|--|-----------------------|--|
| The Articles of Organization for this Limited Liability Com Florida document number | pany were filed on | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | d 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: | 19495 Biscayne Blvd STE 608 | .· ~ | |
| Principal office address MUST BE A STREET ADDRES | Aventura Florida 33180 | 23110V | |
| 1 / mc span office address meet 22 11 04 gazz 2 / ma = | | 0 | |
| | | 70 | |
| Enter new mailing address, if applicable: | 19495 Biscayne Blvd STE 608 | | |
| Mailing address MAY BE A POST OFFICE BOX) | Aventura Florida 33180 | <u> </u> | |
| | | , 8 | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: Daiana So | | ame of the new reg | |
| New Registered Office Address: | scayne Bivd. STE 608 | | |
| THE IT THE PARTY OF THE PARTY O | Enter Florida street address | | |
| The Hoggston Comments. | | | |
| Aventura | , Florida | 33180 Zip Code | |

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 |
|--------------|----------------|-----------------------------|----------------|
| MGR | Sergio Sanchez | 112230 NW 122ND ST #700 | |
| | | Minus 12 and a 12 170 | |
| | | Miami Florida 33178 | Remove 🗸 |
| | | | |
| | | | |
| MGR | Daiana Scalia | 19495 Biscayne Blvd STE 608 | I Add 🗸 |
| | | Aventura Florida 33180 | |
| | | | □Remove |
| | | | ☐ Change |
| | | | |
| | | | |
| | | | □Remove |
| | | | □ Remove |
| | | | □Change |
| | | | |
| | | | □Add |
| | | | □Remove |
| | | | — |
| | | | □Change |
| | | | |
| | | | |
| | | | □Remove |
| | | | □Change |
| | | | |
| | | | |
| | | | □Remove |
| | | | |
| | | | □Change |

| _ | |
|----------------------------|---|
| | |
| ~ | • |
| _ | |
| _ | |
| - | |
| - | ··· |
| _ | |
| | |
| _ | |
| - | |
| - | |
| - | |
| - | |
| _ | |
| | |
| - | |
| - | |
| - | |
| (If an eff <u>Note:</u> | ive date, if other than the date of filing: |
| the recor | d 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 led. |
| Dated | OCTOBER 17th . 2023. |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |