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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Epic Florida Realty C.L.C. 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:
Steven Hatheld Name of Person
Epic Florida Realty UC
7860 Palmilla Ct
City/State and Zip Code Steve @ epic floridarealestate.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steven Hatheld at (425) 248-8052 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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 FLORIDA P		2024 J.::	<u>: 17 <i>F</i></u>
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears or Liability Company)	our records.)	·
The Articles of Organization for this Limited Lia			/11/2021	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabi			
Enter new principal offices address, if applica	ble:	1420	Celebration	Blud.
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Celebral		34747
Enter new mailing address, if applicable:		1420 Ce	lebiation	Blud
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>		200 thon, FL	34747
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our reco	rds, <u>enter the name</u>	of the new registere
Name of New Registered Agent:		1.11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
New Registered Office Address:	1420 G	elebration B Enter Florida	street uddress	e 200
	(e/e/	City	, Florida <u>3</u>	74747 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M6R</u>	Ryan A. Green	159 Longview Ave	UAdd
		Celebration, FL 34747	□Remove
			□Change
			□Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Add
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reffecti <u>te:</u> If t	date, if other than the date of filing:
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cd	1-10 . 2024.
	Signature of member or authorized representative of a member