

121 000 366 742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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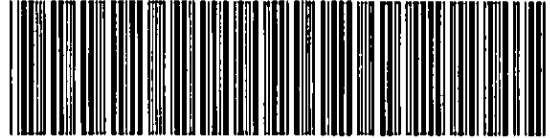
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EPOCH Dev Corp 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:

Cullery Horne at All Florida Dev Corp LLC  
Name of Person

EPOCH Dev Corp LLC  
Firm/Company

710 SHARON CT #  
Address

MARY ESTHER, FL 32569  
City/State and Zip Code

Chome. @ livingdeadlines.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cullery Horne at ( 770 ) 363-3790  
Name of Person 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 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	KIKI OLIVO	210 SHARON CT	<input type="checkbox"/> Add
		MARY ESTHER, FL 32569 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSHUA GLICKMAN	210 SHARON CT	<input type="checkbox"/> Add
		MARY ESTHER, FL 32569 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TECHS RAY VISION INC	725 NEWINGTON AVE.	<input checked="" type="checkbox"/> Add
		BALTIMORE, MD 21217	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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.

Dated 11 October, 2021

Signature of a member or authorized representative of a member

WILLIAM J. HORNE  
Typed or printed name of signer