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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: FRO	H Ded Cran () Name of Limite	ed Liability Company		
	f Amendment and fee(s) are subnondence concerning this matter to			
	•,7	Name of Person $\frac{1}{\text{Firm/Company}} = \frac{1}{\text{Firm/Company}} \frac{(C_{10})}{(C_{10})} $		
		CT 4 Address		
	Choine Co	City/State and Zip Code	cation)	
For further information	n concerning this matter, please ca			• 'ए ग
Cult of Moses	<u>ė </u>	at (<u>770</u>) <u>% 3-3</u> Area Code Daytime	79C Elephone Number E	# }
Enclosed is a check fo	r the following amount:		Son on Filling Fee 2	نمد.
☐ \$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 radditional copy is enclosed)	
		Cross Addrage		

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

EPOCH DEN Crew	LLC	
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on August 16 2021	and assigned
Florida document number <u>121000366 \$742</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		26
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
2. 10		
B. If amending the registered agent and/or registered office addingent and/or the new registered office address here:	lress on our records, <u>enter the nam</u>	e of the new registered
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 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>	Name	Address	Type of Action
MGR	KIKI OLIVO	210 SHARON CT	🗆 Add
		MARY ESTHER, FL 32569 US	风 Remove
		<u> </u>	□Change
MGR	JOSHUA GLICKMAN	210 SHARON CT	🗀 Add
		MARY ESTHER, FC 32569 US	⊠Remove
			□Change
MGR	TECHS RAY VISION INC	725 NEWINGTON AVE.	⊠ Add
		BALTIMORE, MD 21217	□Remove
			□Change
			Add 282 CRemove Change.
			Change.
			. DAdd (2) DAdd (2)
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	elayed effective dat	e, but not a	m effective t	ime, at 12:01	l a.m. on the	earlier of: (b)	The 90th day	after the
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