

L210004137963213
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000413796 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROSILLO & ASSOCIATES, P.A.
Account Number : I19990000127
Phone : (305)477-5671
Fax Number : (305)477-2640

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: anthonyboykins@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EPIC CONSULTING LLC**

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$30.00

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S. PRATHER

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11/9/2021 10:21:01 AM PAGE 1/001 Fax Server



November 9, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EPIC CONSULTING LLC
13719 NW 18 ST.
PEMBROKE PINES, FL 33028US

SUBJECT: EPIC CONSULTING LLC
REF: L21000455213

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather
Regulatory Specialist III

FAX Aud. #: H21000413796
Letter Number: 621A00027258

COVER LETTER (421000413796 3)

**TO: Registration Section
Division of Corporations**

SUBJECT: Epic Consulting 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:

Anthony J. Boykins

Name of Person

Firm/Company

13719 NW 18 St.

Address

Pembroke Pines, FL 33028

City/State and Zip Code

anthonyjboykins@gmail.com

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

For further information concerning this matter, please call:

Anthony J. Boykins

954

632-4502

Name of Person

at (_____) _____

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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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

(H210004137963)

Epic Consulting LLC

(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 10/19/21 and assigned
Florida document number L21000455213.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Boykins Premier Enterprises LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida 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

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TALLAHASSEE FLORIDA

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

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 November 9 2021



Signature of a member or authorized representative of a member

Anthony J. Boykins

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00

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