

Division of Corporations

**L210004137963**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000413796 3))



H210004137963ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 10 PM 12:57

FILED

**\*\*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

NOV 12 2021

S. PRATHER

2021 NOV 10 AM 10:12

TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

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 refile 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

(421000413796 3)

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 signed Florida document number L21000455213

FILED 2021 NOV 10 PM 12:57 SECRETARY OF STATE TALLAHASSEE FLORIDA

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

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 Changing Registered Agent, Signature of New Registered Agent

(H210004137963)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(H210004137963)

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

(H210004137963)

(H21000413796 3)

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[Multiple horizontal lines for amending information]

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 signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 NOV 10 PM 12: 57

FILED

Filing Fee: \$25.00

(H21000413796 3)