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SECRETARY OF STATE TALLAHASSEE, FL

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COVER LETTER

TO: Registration Se Division of Cor					
CUB IPCT	US EP IN	VESTMENTS LLC			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		ELSA PEREZ			
	_	Name of Person			
	U	S EP INVESTMENTS LLC			
		Firm/Company			
	7704 [NDIAN RIDGE TRAIL SOUTH			
	Address				
		KISSIMMEE, FL 34747			
	City/State and Zip Code				
		elsaperez09@hotmail.com			
		o be used for future annual report noti	fication)		
For further information of	oncerning this matter, please ca	dl:			
ELSA PEREZ		57 311-389-6 at () Area Code Daytim	050		
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	US EP	INVESTMENTS LLC			
(Name o	of the Limited Liability (A Florida I	Company as it now appears imited Liability Company)	on our records.)		
The Articles of Organization for this I		mpany were filed on	04/13/2022	and assig	gned
lorida document numberL22	2000178017	<u>.</u> .			
his amendment is submitted to amer	nd the following:				
A. If amending name, enter the new	v name of the limit	ed liability company her	<u>e</u> :		
he new name must be distinguishable and co	ontain the words "Limite	ed Liability Company," the des	ignation "LLC" or the ab	obreviation "L.L	.C."
Enter new principal offices address	, if applicable:				
Principal office address MUST BE .	A STREET ADDRE	ESS)			
Enter new mailing address, if applic	cable:				
Mailing address MAY BE A POST (OFFICE BOX)			····	
				74 03.0 2.0 2.0 2.0 2.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3.0 3	Š
				AUG AUG	77
3. If amending the registered agent		office address on our rec	ords, <u>enter the</u> nam	ie of the new	register
gent and/or the new registered offi	<u>ce address nere</u> :			XSS.	
		El Sa	PEREZ		· —
Name of New Registered As	gent:		TENLE	STA F	
New Registered Office Addi	ress:	7704 INDIAN RID	GE TRAIL SOUTH	31	
		Enter Florid	la street address		
		KISSIMMEE	. Florida	34747	
		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

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>	Address	Type of Action
AMBR	LUIS F. CHAVARRO	7704 INDIAN RIDGE TRAIL SOUTH	□Add
		KISSIMMEE, FL 34747	Remove
			□Add
			©Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Changa

If amending	any other information, o	enter change(s) here	: (Attach additional :	sheets, if necessary.)	
		<u>,</u>			
<u></u>	<u> </u>	 	<u> </u>		
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			<u>.</u>		
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		. "	00/02/2022		
Note: If the	ate, if other than the date date is listed, the date must be sp date inserted in this block d effective date on the Departi	pecific and cannot be prior oes not meet the applic	able statutory triing rec	(optional) han 90 days after filing.) Purst quirements, this date will r	uant to 605.0207 (3)(oot be listed as the
the record spec cord is filed.	cifies a delayed effective date	e, but not an effective t	ime, at 12:01 a.m. on th	ne earlier of: (b) The 90th	a day after the
Dated	AUGUST 2	2022	·		
		EA	11/		
_	Signa	iture of a member or auth	orized representative of a	member	
		ELSA	A PEREZ		
_		Tunad or print	ted name of signee		

Filing Fee: \$25.00