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SECTITATE OF STATE

COVER LETTER

	tion Section of Corporations	
SUBJECT: Epic	Grand Adventures, LLC	
SOBJECT:	Name of Li	imited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are so	abmitted for filing.
Please return all co	orrespondence concerning this matte	er to the following:
	Tanya Pekrul	
		Name of Person
	Epic Grand Adventures,	LLC
		Firm/Company
	6405 SW 38th ST Suite	#204
		Address
	Ocala, FL 34474	
		City/State and Zip Code
	ROGFloridabroker@gmai	
		(to be used for future annual report notification)
For further informa	ation concerning this matter, please	call:
Tanya Pekrul		352 644-1057 at ()
N	Jame of Person	Area Code Daytime Telephone Number
Enclosed is a check	C for the following amount:	
■ \$25.00 Filing H	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)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 PH TS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Epic Grand Adventures, LUC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny <u>as it now appears on our records.)</u> Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L22000350880	were filed on 08/09/2022 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6405 SW 38th ST		
(Principal office address MUST BE A STREET ADDRESS)	SS) Suite #204		
	Ocala, FL 34474		
Enter new mailing address, if applicable:	6405 SW 38th ST		
(Mailing address MAY BE A POST OFFICE BOX)	Suite #204		
	Ocala, FL 34474		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new regist		
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	r performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if 1143 document is		

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
MGR	Michael J. Miller	4315 SW 53rd Lane Rd Ocala, FL 34474	= Add
			□Remove
			Change
			[]Remove
			DChange
			∐Remove
			Change
		-	= Add
			□Remove
			□Change
<u> </u>			
			CE Consider Constant
			-9 THIS
			Remove
			□Change

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