## L23000354604

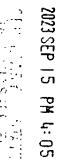
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## **COVER LETTER**

	egistration Sect ivision of Corpo		4			
SUBJECT	Epic Eventur					
30031,01		Name of Lim	ited Liability Company			
The enclos	sed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please retu	irn all correspond	lence concerning this matter	to the following:			
		Juan Galindo				
Name of Person						
		Epic Eventures LLC				
	Firm/Company					
	937 N Union Cir					
	Address					
	Deltona, FL 32725					
		admin@epic-eventures.com	City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)					
For further	· information con	cerning this matter, please co	all:			
Juan Galir						
	Name of P	erson	at () Area Code	Daytime Telepho	one Number	
Enclosed i	s a check for the	following amount:				
■ \$25,00	) Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy tadditional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>N</u>	lailing Address:		Street Ac	3dress:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Epic Eventures 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  $\frac{07/27/2023}{}$ \_\_\_\_ and assigned Florida document number L23000354604 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: Š Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_ City

## 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>	Name	Address	Type of Action
AMBR	Maria A Mejia	24331 SW 108 PL Homestead, FL 33032	□Add
			≣Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			🗆 Change
-			🗆 Add
		<del></del>	🖾 Remove
			□Change
	<del></del>		□Add
		<del></del>	□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 \_\_\_\_ Sept. 13 Signature of a member or authorized representative of a member Juan Galindo Typed or printed name of signee

Filing Fee: \$25.00