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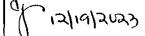
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2023 DEC -6 PH 5: 07



COVER LETTER

TO: Registration Se Division of Cor				
EPOXY M. SUBJECT:	AGIC, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	CLAYTON B. BROOKIN	S		
		Name of Person		
	EPOXY MAGIC, LLC			
		Firm/Company		
	644 77th Ave			
		Address		
	St. Pete Beach, FL 33706			
	BradyBrookins@gmail.com	City/State and Zip Code		
		to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please c	all:		
CLAYTON B. BROOKI	NS	727 330-4703		
Name o	f Person	at () Area Code Daytime	e Telephone Number	
Enclosed is a check for the	ne 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		Street Address:	Nion	
Registration S Division of C		Division of Cor	Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EPOXY MAGIC, LLC

2023 DEC -6 PH 5: 08

(Name of the Limit	ed Linbility Compar (A Florida Limited L	iv as it now appears on our reliability Company)	cords.)
The Articles of Organization for this Limited Li Florida document number <u>L23000426134</u>	ability Company	were filed on AUGUST 18	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liabi	lity company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	644 77th Ave	<u></u>
(Principal office address MUST BE A STREET ADDRESS)		St. Pete Beach, FL 33706	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		644 77th Ave	
		St. Pete Beach, FL 33706	
B. If amending the registered agent and/or ragent and/or the new registered office address		ddress on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	644 77th Ave		
		Enter Florida street a	
	St. Pete Beach		, Florida <u>33706</u>
		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 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
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			☐ Change
			🗀 Add
			□Remove
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Add
			Remove
			□Change

	OF THE ARTICLES OF ORGANIZATION
201	ctive date, if other than the date of filing:
ne rec ord is	ord 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 filed.