L24000380207

Florida Department of State
Division of Corporations
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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : CESPEDES CPA, INC
        Account Number  : I20220000109
        Phone           : (786)452-4615
        Fax Number      : (844)773-3487
```

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Email Address: manoloian2004@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EPIC CAR SALES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

M. SOLOMON

SEP 17 2024

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EPIC CAR SALES 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 _____ 09/03/2024 _____ and assigned

Florida document number _____ L24000380207 _____ .

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 "L.L.C."

Enter new principal offices address, if applicable:	1440 SW 104TH PATH APT 204
(Principal office address MUST BE A STREET ADDRESS)	MIAMI FL 33174

Enter new mailing address, if applicable:	1440 SW 104TH PATH APT 204
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI FL 33174

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: ____ 1440 SW 104TH PATH APT 204 ____
                                           Enter Florida street address

____ MIAMI ____ , Florida ____ 33174 ____
       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

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

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MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	ZEINEDDIN SABURIT, RACHID H	1440 SW 104TH PATH APT 204	⃝ Add
		MIAMI FL 33174	⃝ Remove
			◉ Change
			⃝ Add
			⃝ Remove
			⃝ Change
			⃝ Add
			⃝ Remove
			⃝ Change
			⃝ Add
			⃝ Remove
			⃝ Change
			⃝ Add
			⃝ Remove
			⃝ Change
			⃝ Add
			⃝ Remove
			⃝ Change

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

_____

_____

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_____

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 _____ **SEPTEMBER 13** _____ , _____ **2024** _____ .

Signature of a member or authorized representative of a member

ZEINEDDIN SABURIT, RACHID H

Typed or printed name of signee

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