## N0700006024

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10/19/09--01021--008 \*\*35.08



10/2/09

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: EPIC	Remix, Inc.	<del></del>
DOCUMENT NUMBER: NOTOOO	006024	
The enclosed Articles of Amendment and fee are subr	mitted for filing.	
Please return all correspondence concerning this matter	er to the following:	_
Norman Kelli (Name of	Contact Porson)	
Epic Remix, I	Company)	
4288 NW 41st L	_ane ddress)	
Coconut Creek, (City/State	FL 33073 e and Zip Code)	
Karen Depic-r E-mail address: (to be used	for future annual report notification	n)
For further information concerning this matter, please	call:	
Norman Kelly Lyon (Name of Contact Person)	at (954 ) 296.5 (Area Code & Daytime	7814
Enclosed is a check for the following amount made pa	yable to the Florida Department of	State:
\$35 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	<i>.</i>

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

FILED

2009 OCT 19 PM 3: 46

[ D/

	O1	SECRETARY
Epic Rei	nix. Inc.	SECRETARY OF STAT
	rrently filed with the Florida Dept	of State)
M070000	16024	
	umber of Corporation (if known)	· <del>-</del>
Pursuant to the provisions of section 617.100 the following amendment(s) to its Articles of		For Profit Corporation adopts
A. If amending name, enter the new name	of the corporation:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"	Contain the word "corporation" o	r "incorporated" or the
D. Enternamental office address if a	K-akla	
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF)  D. If amending the registered agent and/onew registered agent and/or the new recommendation.	r registered office address in Flori	da, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	(Florida street address)	
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.		l accept the obligations of the
_	Signature of New Registered Agent	, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Carolyn Webber	4845 NW 20th Place Coconut Creek, FC 33063	Add Remove
<u>D</u>	Karen C. Dillon	2122 NW 48 Terr Coconut Creek, FL 33063	X Add ☐ Remove
<u>D</u>	Jeremy Varo-Haub	5448 NE 5th Avenue Fort Conderdale, FL 33334	Add Remove
	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specifi		
			<del></del>

The date of each amendment(s) adoption: October 15, 2009
(date of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Signature  (By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
President (Title of person signing)

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