## P19000020162

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## COVER LETTER

Division of Corpo	prations			. •
NAME OF CORPOR	AATION: USAA PROPERT	Y MANAGEN	MENT INC	
DOCUMENT NUME	P19000020162			<del> </del>
The enclosed Articles	of Amendment and fee are su	bmitted for fili	ing.	
Please return all corres	pondence concerning this ma	tter to the follo	owing:	
	LORYANA RODRIGUEZ			
	<del> </del>	Name of C	ontact Persor	1
	USAA PROPERTY MANAG	GEMENT INC		
	· · · · · · · · · · · · · · · · · · ·	Firm/ (	Company	
	6500 WEST 4TH AVE UN	HT 46		
	<del> </del>	Ad	dress	
	HIALEAH, FL 33012			
		City/ State	and Zip Code	e
	lory0515@gmail.com			
	E-mail address: (to be us	sed for future a	nnual report	notification)
For further information	n concerning this matter, pleas	se call:		
LORYANA RODRIGUEZ		at (	786	_) 864-0721
Name o	of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the	Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified ( (Additiona enclosed)	Copy I copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ndment Section sion of Corporations Box 6327 thassee, FL 32314		Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

USAA PROPERTY MANAGEMENT INC

2.11. 1-0 71 2:00

(Name of Corporation as current	ly filed with the Florida Dept. of State)
P19000020162	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
EPIC CONSULTING SOLUTIONS INC	The new
name must be distinguishable and contain the word "corporation," " "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	company," or "incorporated" or the abbreviation "Corp.,"  A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
(Frincipal office address Stort BEASTREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
NIA	<del></del>
Name of New Registered Agent (NA)	
(1) : L	
(Plorida Sh	revt address)
New Registered Office Address:	, Florida (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	::
I hereby accept the appointment as registered agent. I am familiar	with and accept the obligations of the position.
Signature of New I	Registered Agent, if changing
	Communication of the second of
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	ta) U.S.

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)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT	John De	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>SV</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change		_		
Add				<del> </del>
Remove				
2) Change		_		
Add				
Remove 3 ) Change	<del></del> .	_		
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Remove				
4) Change		_		
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Remove				
5) Change	· <u> </u>	_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				

E. If amending or adding addit (Attach additional sheets, if no	ional Articles, enter char ecessary). (Be specific)	ige(s) here:		
N/A	cesser.			
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F. If an amendment provides f	or an exchange, reclassifi	cation, or cancellatio	on of issued shares,	
provisions for implementin (if not applicable, indica	<u>g the amendment if not c</u> de N/4)	ontained in the amer	<u>idment itself:</u>	
N/A	,			
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	01/01/2020	
The date of each amendment(s) date this document was signed.	adoption:	if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date w Department of State's records.	ill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a action was not required.	adopted by the incorporators, or board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
bv	·	
•	(voting group)	
Dated		
Signature	Linging Ladriguz	
selec	director, president on other officer / if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	LORYANA RODRIGUEZ	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	