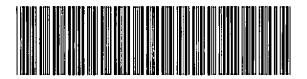
## P20000004431

(Re	questor's Name)	
(Ad	dress)	<u></u>
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(110	u1033)	
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Consideration and a		
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: EPIC PRESTIGE	SERVICES INC	2	
	BER: P20000004431			·
The enclosed Articles	s of Amendment and fee are su	bmitted for filin	ıg.	
Please return all corr	espondence concerning this ma	tter to the follow	wing:	
	ODETT BLANCO			
		Name of Co	ntact Persor	1
	EPIC PRESTIGE SERVICE	S INC		
		Firm/ Co	ompany	
	4109 NE 21st PLACE			
		Add	ress	
	CAPE CORAL, FL 33909			
		City/ State a	nd Zip Code	
	EPICPRESTIGESERVICES	@GMAIL.CON	4	
	E-mail address: (to be us	sed for future an	nual report	notification)
For further information	on concerning this matter, pleas	se call:		
ODETT BLANCO		at (	239	
Name		Area Co	de & Daytime Telephone Number	
Enclosed is a check f	or the following amount made	payable to the F	lorida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fill Certified C (Additional enclosed)	ору	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ssee, FL 32303

## Articles of Amendment to Articles of Incorporation of

EPIC PRESTIGE SERVICES INC

(Name of Corporation	as currently filed with the Fl	orida Dept. of State)	
P20000004431			
(Docume	ent Number of Corporation (if kr	nown)	
Pursuant to the provisions of section 607.1006, Florida Sts Articles of Incorporation:	Statutes, this Florida Profit Cor	poration adopts the following	; amendment(s)
A. If amending name, enter the new name of the cor	poration:		
	· · · ·		The new
name must be distinguishable and contain the word "corp "Inc.," or Co.," or the designation "Corp," "Inc," "chartered." "professional association," or the abhrevi	or "Co". A professional cor		
B. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDR</u>	<u>(RESS</u> )		2021
			202 AUC
The same welling address if applicable.	<del></del>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		1
			H 9
	<del> </del>	: .	<u>ਜ਼</u> ਹਾ
		·	
<ol> <li>If amending the registered agent and/or registere new registered agent and/or the new registered of</li> </ol>		ter the name of the	
Name of New Registered Agent			
, wante of New Negants et a ligent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip C	ode)
New Registered Agent's Signature, if changing Regis			
hereby accept the appointment as registered agent. It	am familiar with and accept the	obligations of the position.	
Signati	ure of New Registered Agent, if	changing	

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.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	<u>PT</u>	John Doe				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
I) Change	0	LUIS FORMIGO	4109 NE 21st PL			
Add X Remove			CAPE CORAL, FL 33909			
2) Change	VP	ODETT BLANCO	4109 NE 21st PL			
Add			CAPE CORAL, FL 33909			
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

Attach <i>additior</i>	adding additional Art al sheets, if necessary).	(Be specific)				
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If an amendme	ent provides for an exc	hange, reclassific	ation, or cancell	ation of issued s	hares,	
(if not any	implementing the am dicable, indicate N/A)	en <u>ament ii not co</u>	ntained in the a	menament itseji	<u>i</u>	
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	7/10/2020	
The date of each amendment(s) adopted date this document was signed.	on:	, if other than the
7/10 Effective date if applicable:	/2020	
	(no more than 90 days o	ifier amendment file date)
Note: If the date inserted in this block document's effective date on the Departu		atutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board o	f directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		er of votes cast for the amendment(s)
☐ The amendment(s) was/were approve must be separately provided for each		
"The number of votes cast for t	ne amendment(s) was/were suffi	cient for approval
by		<u> </u>
	(voting group)	
7/ <b>1</b> 6/2020		
Dated		
Signature	Sunal my	2
(By a directon selected, by	or, president or other officer if	directors or officers have not been of a receiver, trustee, or other court
JOR	GE GOMEZ	
<u></u>	(Typed or printed name o	f person signing)
PRE	SIDENT	
	(Title of person signing)	