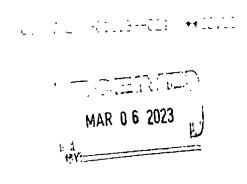
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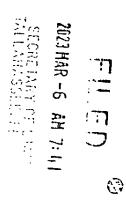
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Corporations Epic Westige Services the NAME OF CORPORATION: _ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joyse A. Conuez
Name of Contact Person Dic Prestige Services Inc For further information concerning this matter, please call:
 Just A. Come?
 at (239)
 203-1755

 Name of Contact Person
 Area Code & Daytime Telephone Number
 Enclosed is a check for the following amount made payable to the Florida Department of State: S52.50 Filing Fee ☐ \$35 Filing Fee ☐\$43.75 Filing Fee & □S43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Epic Prestigs Stricks Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

(Name of Corporation (Name of Corporation

P20000004431

(Document Number of Corporation (if known)

nt(s) to

· · · · · · · · · · · · · · · · · · ·	orporation:	
	2. 0.0	The new
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre	" or "Co". A professional corp	poration ame must contain the word
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	<u>DRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
D. If amending the registered agent and/or register		r the name of the
new registered agent and/or the new registered		
Name of New Registered Agent	(Florida street address)	Florida
Name of New Registered Agent	(Florida street address)	
Name of New Registered Agent	(Florida street address)	Florida
Name of New Registered Agent	(Florida street address) (City) pistered Agent:	Florida(Zip Code)
Name of New Registered Agent New Registered Office Address: New Registered Agent's Signature, if changing Regist	(Florida street address) (City) pistered Agent:	Florida(Zip Code)

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)

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Odeff Blanco	310 SE9tn Are
Add			310 SE9tn Are Cape loval, Fr 33550
Remove 2) Change	ð	Mignelito Ortiz	1402 NE 2nd sA
Add			Cape loval, FL 33909
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

mending or adding additional Art ich additional sheets, if necessary).	(Be specific)	_		
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n amendment provides for an exc	hanga raclassification	or cancellation of ice	ued chares	
ovisions for implementing the am	endment if not containe	d in the amendment	itself:	
(if not applicable, indicate N/A)				
,	<u> </u>		<u></u>	
				

______. if other than the The date of each amendment(s) adoption: ______ date this document was signed. Effective date if applicable: 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. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) 2/27/2023 (By a director, president or other officer – if directors or officers 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) Owner President
(Title of person signing)