26/8/25, 3:55 p.m.



Division of Corporations Electronic Filing Cover Sheet

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(((H25000300263 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033

Phone : (305)644-3055 Fax Number : (305)644-3052

Enter the email address for this business entity to be used for fur annual report mailings. Enter only one email address please.

Email Address:____

COR AMND/RESTATE/CORRECT OR O/D RESIGNED

EPIC FLOWER DESIGNER INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Medi 4.27-25

Electronic Filing Menu

Corporate Filing Menu

Help

		COVER LETTE	<u> </u> S	
TO: Amendment Section Division of Corpo				
NAME OF CORPOR	ATION: EPIC FLO	OWER DESIGNER INC		
DOCUMENT NUMB	ER: P220	000045994		
The enclosed Articles of	f Amendment and fee are su	ibmitted for filing.		
Please return all corresp	ondence concerning this mu	atter to the following:		
		ENNA DIEPPA	,	7 26
		Name of Contact Per	son	125 125
	KISJO	DENNA SERVICES INC		FILED 2025 AUG 26 PH 2: 1-1 SECRETARY OF STATE SECRETARY OF STATE
-		Firm/ Company	<u> </u>	25 22
2141 SW IST STREET STE. 110			10	SSE P M
	Address			
_	MIAMI, FLORIDA 33135			2: 1 STA
_		City/ State and Zip Co	ode	
		OENNA@YAHOO.CO		
_	E-mail address: (to be us	sed for future annual repo	ort notification)	
For further information	concerning this matter, plea	se call:		
ENNA DIEP	PA	786	4997132	
Name of	Contact Person	Aren (ode & Daytime Telephone Nu	mber
Enclosed is a check for	the following amount made	payable to the Florida De	partment of State:	
\$35 Filing Fcc	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Ame Divis The 2415	t Address ndment Section ion of Corporations Centre of Tailahassee N. Monroe Street, Suite 810 hassee, FL 32303	J

Articles of Amendment

Articles of Inc	rporation			
EPIC FLOWER DESIC	ER INC			
(Name of Corporation as current)	illed with the Florida D	ept. of State)		
P22000045994				
(Document Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	orida Profit Corporation	v adopts the follow	ving amend	lment(s) to
A. If amending name, enter the new name of the corporation:		4	2	
name must be distinguishable and contain the word "corporation," "c "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporate professional corporation	ed" or the abbrevia n name musi Red No.	ulon Corp Ruin Res vo	or <u>d</u>
B. Enter new principal office uddress, if applicable;	100 ARDEN STREET	APT. 3F	2 2 5 7	- [LL]
(Principal office address MUST BE A STREET ADDRESS)	NEW YORK , NY 100	40-1588	i i	
		ORI	7 <u></u>	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 ARDEN STREET	APT. 3F	17. 10	
	NEW YORK, NY 10040)-1588		
				••
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	5 in Florida, enter the t	same of the		_
Name of New Registered Agent				
(Florida sire	address)			
New Registered Office Address:		, Florida	- C ()	_
;	(y)	(21)	n Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	and uccept the obligati	ons of the position	t.	
Signature of New Re	stered Agent, If changing	g		
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c.	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	
∠ Remove	<u>v</u>	Mike Jones	
_X Add	<u>8Y</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	۷P	LUZ HERNANDEZ	1508 PAUL DT
X Add		;	NORTH BALDWIN NY 11510
Remove		;	SE 25 A US
2) Change	P	LUIS A ALVAREZ	[1300 TAOLE: >= C) —
Add			BALDWIN, NY 11 ACT OF T
X Remove 3) Change	P	LUIS A ALVAREZ	100 ARDEN ST AIR 37
X Add		·	NEW YORK NY 100407-1588
Remove			
4) Change		- :	
Add		· 	
Remove		·	
5) Change			
Add			
Remove		:	
6) Change			
Add			
Remove		:	

If amending or adding additional A (Attach additional sheets, if necessary). (Be specific)				
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f an amendment provides for an exprovisions for implementing the ar	change, reclassification	on, or cancellation of ined in the humandme	ssued shares, nt itself:		
(if not applicable, Indicate N/A)			<u>,,,</u>		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed. 08/26/2025 Effective date if applicable: (no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE)	quirements, this date will not be listed as the
The amendment(s) was/were adopted by the incorporators, or board of directors without action was not required.	at shareholder action and shareholder
U The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	or the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an "The number of votes cast for the amendment(s) was/were sufficient for approva	mendment(s): 7ALL SEC
(voting group). Dated	FILED AUG 26 PM 2: 42 PRETARY OF STATE ANASSEE, FLORID
(By a director, president or other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	ers have not been
LUIS QUOYEZ (Typed or printed name of person signing)	
President (Title of person signing)	
(