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## COVER LETTER -

|                 | stration Se<br>sion of Cor |   |   |  |
|-----------------|----------------------------|---|---|--|
| SUBJECT:        | Excella Sol                | utions LLC                                      |   |  |
| Subject.        |                            | Name of Lim                                     | ited Liability Company  | <del></del>  |
| The enclosed    | Articles of                | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please return   | all correspo               | ndence concerning this matter                   | to the following:   |  |
|                 |                            | Zachary Cormicle                                |   |  |
|                 |                            | <del></del>                                     | Name of Person  | ······································   |
|                 |                            | Excella Equity Group LLC                        |   |  |
|                 |                            |   | Firm/Company  | · · · · · · · · · · · · · · · · · · ·  |
|                 |                            | 401 East Las Olas Blvd., S                      | uite 1400   |  |
|                 |                            |   | Address   |  |
|                 |                            | Fort Lauderdale, FL 33301                       |   |  |
|                 |                            |   | City/State and Zip Code   | <del></del>  |
|                 |                            | zcormicle@nexgeninvest.co                       |   |  |
|                 |                            | H-mail address: (                               | to be used for future annual report notif                                 | ication)   |
| For further inf | formation co               | oncerning this matter, please ca                | all:  |  |
| Carri Eaddy     |                            |   | 216 395-7434<br>at ( )  |  |
|                 | Name of                    | Person  | Area Code Daytime   | : Telephone Number   |
| Enclosed is a   | check for th               | e following amount:                             |   |  |
| ■ \$25,00 Fil   | ling Pce                   | □ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Excella Solutions LLC   |   |  |                             | 5                   |
|---|---|--|-----------------------------|---------------------|
| (Name of the Lim  | ted Liability Compa<br>(A Florida Limited | iny as it now appears on o<br>Liability Company) | ur records.)                | ~ ~ <del>*</del> *  |
| The Articles of Organization for this Limited I Florida document number               | iability Company                          | were filed on 12/11/20                           | 14                          | _ and assigned أَنْ |
| This amendment is submitted to amend the fol  | lowing:                                   |  |                             | <b>*</b>            |
| A. If amending name, enter the new name   | of the limited liab                       | ility company here:                              |                             |                     |
| Excella Equity Group LLC  |   |  |                             |                     |
| The new name must be distinguishable and contain the                                  | words "Limited Liabi                      | lity Company," the designat                      | tion "LLC" or the abbr      | eviation "L.L.C."   |
| Enter new principal offices address, if appli   | cable:                                    | 401 East Las Olas Bly                            | /d., Suite 1400             |                     |
| (Principal office address MUST BE A STRE  |   | Fort Lauderdale, FL 3                            | 3301                        |                     |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE    | : ROY)                                    | 401 East Las Olas Bly<br>Fort Lauderdale, FL 3   |                             |                     |
| B. If amending the registered agent and registered agent and/or the new registered of |   |  | records, enter th           | ie name of the ne   |
| Name of New Registered Agent:   | InCorp Service                            | s, Inc.  |                             |                     |
| New Registered Office Address:  | 17888 67th Cor                            | urt North  |                             |                     |
|   |   | Enter Florida str                                | sei address                 |                     |
| •   | Loxahatchee                               |  | , Florida _ <sup>3347</sup> | 0                   |
|   |   | City   |                             | Zip Code            |

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lorie Cuni on behalf of InCorp Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

| AMBR = A      | Authorized Member |         |                |
|---------------|-------------------|---------|----------------|
| <u>Title</u>  | <u>Name</u>       | Address | Type of Action |
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| First tive date, if other than the date of filing:  18720/2018  (optional)  (o |   |  |   |                     |  |                         | <del></del>                       |
|--|---|--|---|---------------------|--|-------------------------|-----------------------------------|
| 108/20/2018  (frective date, if other than the date of filing:  on effective date is itsed, the date must be specified and eannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 once:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as occument's effective date on the Department of State's records.  The ercord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.  August 20  August 20  2018  August 20  2018  | -   | <u> </u>   |   |                     |  |                         |                                   |
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Filing Fee: \$25.00