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(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone	#)		
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107 AUG 14 PM 4: 36
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: EXCELO LLC							
(Name of Limited Liability Company)							
Dear Sir or Madam:							
The enclosed Articles of Correction and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Seema Prashad (Name of Person)							
Excello LLC (Firm/Company)							
Coly/State and Zip Code)  SE 7th Ave  (Address)  (City/State and Zip Code)							
For further information concerning this matter, please call:							
at ()							
(Name of Person) (Area Code & Daytime Telephone Number)							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:							
\$25 Filing Fee \$\Bigcup \$30 Filing Fee & B55 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy							

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EXCE//o/LLC (Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on	ned	
SECOND:	This amendment is submitted to amend the following:  MANAGER   Member Detail  Charge from R+S Prashad L  A to Seema Prashad man  5015 St 74 Ave  Unda FL 34480	<u>LC</u> naging M	ember
Dated	Signature of a member or authorized representative of a member  Seema Rashad  Typed or printed name of signee	2007 AUG 14 PM 4: 36 SECRETALLY OF STATE TALLAHASSEE, FLORID	

Filing Fee: \$25.00