

LD7000071929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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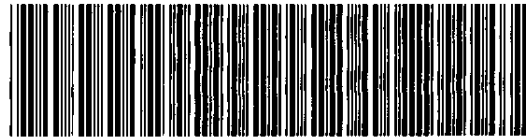
Special Instructions to Filing Officer:

**L. SELLERS**

AUG 12 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 AUG 10 PM 12:25

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EXCEL SOLUTIONS, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER GARSON  
Name of Person

EXCEL SOLUTIONS LLC  
Firm/Company

9838 OLD BAYMEADOWS RD #280  
Address

JACKSONVILLE FL 32256  
City/State and Zip Code

CHRIS.GARSON@EXLSOLUTIONS.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER GARSON at ( 904 ) 343-0136  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$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

EXCEL SOLUTIONS, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

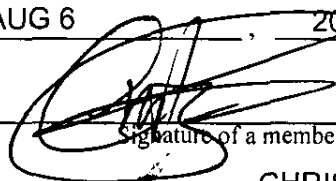
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MI KYUNG Y GARSON	9838 OLD BAYMEADOWS RD #280 JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated AUG 6, 2011



Signature of a member or authorized representative of a member

CHRISTOPHER GARSON

Typed or printed name of signee