L0700001929

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EXAMINER

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COVER LETTER

Division of Co	rporations					
SUBJECT:	EXCEL S	OLUTIONS, LLC				
30B0BC1.		ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
	CH	IRISTOPHER GARSON				
		Name of Person				
	EX	CEL SOLUTIONS LLC				
		Firm/Company				
	9838 OLD BAYMEADOWS RD #280					
		Address				
	JA	CKSONVILLE 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	•	·····,			
CHRIST	OPHER GARSON	at (904) 3	J43-0136			
Name	of Person	Area Code & Daytime	Telephone Number			
Enclosed is a check for	the following amount:					
 √ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section

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

EXCEL SO	LUTIONS, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears ed Liability Company)	on our records.	
The Articles of Organization for this Limited Liability Comp Florida document number L07000071929			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here	;	
The new name must be distinguishable and end with the words "L" "L.L.C."	Limited Liability Compan	y," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address is		r records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:		T.u	•
	Ente	r Florida street addre.	
	City	, Florida	Z iw Code
New Registered Agent's Signature, if changing Registered Age	•	57	D

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 608, 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.

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>	Address	Type of Action
MGRM	MI KYUNG Y GARSON	9838 OLD BAYMEADOWS RD #280 JACKSONVILLE, FL 32256	Add Remove
			Add Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		· · · · · · · · · · · · · · · · · · ·	
_			_
Dated	AUG 6 , 20	<u>1</u> .	
-	CHRIST	r authorized representative of a member OPHER GARSON	
	Typed or	printed name of signee	

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Filing Fee: \$25.00