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(Do	cument Number)	<u> </u>
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DIVISION OF DEGIA SEARCHS

O SHVINIONS AUG, 0 8 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Excelsion LLC Name of Limited Liability Co	onpany
The enclosed Articles of Amendment and fee(s) are submitted for filin	g.
Please return all correspondence concerning this matter to the following	g:
Manco of	Person
Cenneth LoBian Name of Exectsion LLC Firm/Co	прапу
1701 Brightwaters Addr	
St. Pelces burg FL	3370山 t Zip Code
KENNLOME. COM E-mail address: (to be used for fu	
For further information concerning this matter, please call:	
Kenneth LoBianco Jr at 1 Name of Person Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certific	Filing Fee & d Copy clean (Copy and copy is enclosed) See Continuo Fee Copy (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

Excelsion LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records. iability Company))
The Articles of Organization for this Limited Liability Company	were filed on 81612009	and assigned
Florida document number <u>LO9000075707</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company bere:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC"	or the abbreviation "L.C."
Enter new principal offices address, if applicable:		Sign Ti
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		ن کی ک
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	rida
	City	71p Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and rovided for in Chapter 605, F.	T am familiar with and S. Or, if this document is

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 = Ma AMBR = Au	nager thorized Member				
<u>Title</u>	Name	Address	Type of Action		
MGRH	Joseph Klepacki	1701 Brightwaters Blud NE DAdd			
		1701 Brightwaters Blud NE St. Petersburg, FL 33704	©Remove		
			Change		
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			□ Remove		
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	rd specifies a c Oth day after t			not an effectiv	e time, at 12:0	01 a.m. on t	he earlier of:
Dated	July 3	3)	2017	7		i	
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Page 3 of 3

Filing Fee: \$25.00