11000035093

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u>_</u>
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status

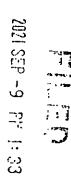
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COVER LETTER

	Registration Se Division of Cor					
SUBJEC'	Excell Gene	eral Service Group				
o botte		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	, and the second			
, rouse rec	am an correspo	Silmara De Paula	to the following.			
			Name of Person			
		Excell General Service Gro	oup			
			Firm/Company			
	3304 44TH ST SW					
		Address				
	LEHIGH ACRES, FL 33976					
		contact@excellservicegroup	City/State and Zip Code			
		E-mail address: (to be used for future annual report notific	cation)		
For furthe	r information co	oncerning this matter, please co	all:	新江	202	
Jonathan	Peralta		239 2449490 at ()	## € 5 [17] [17]	2021 SIP	- ps
	Name of	f Person		Telephone Number	٠ ۾	
Enclosed	is a check for th	ne following amount:			:	ا : ز_
\$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy tadditional copy is er	చ	

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Excell General Service Group

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 06/15/2018							
Florida document number L11000025093								
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liability company here:								
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbrev	i						
Enter new principal offices address, if applicable:	28441 S Tamiami Trail #203, Bonita Springs	; -						
(Principal office address MUST BE A STREET ADDRESS)		-						
		-						
Caton and mading address (Carally sk).								
Enter new mailing address, if applicable:		-						
(Mailing address MAY BE A POST OFFICE BOX)								
B. If amending the registered agent and/or registered office	address on our records, enter the name of							
agent and/or the new registered office address here:			~					
Name of New Registered Agent:		≅F	921 S	rades				
Name of New Registered Agent.	 -		Ľģ					
New Registered Office Address:	Enter Florida street address		9	3				
	Enter I with sireer address	<i>v</i> . :	7	1 - 1				
	, Florida	 						
New Registered Agent's Signature, if changing Registered Agent:	•	جزلاً	 သ					

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

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
		<u>(</u> -
	30	CUZI SEP
		1
Effective date, if other than the date of filing: [If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n		9 F:K
document's effective date on the Department of State's records.	11.	ယ ယ
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ord is filed.		
Dated September 9 2021		
Silmara De Paula Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Silmara De Paula		
Typed or printed name of signee		

Filing Fee: \$25.00