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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

' TO:

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration Section Division of Corporations
SUBJE	ECT: Excel Media & Marketing, LLC Name of Limited Liability Company
The end	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Kerron Warrick Name of Person
	Excel Media & Marketing, LLC Finn/Company
	Firm/Company A469 Maple Chase Trail Address Vissimmer Fl. 34759
	Kissimmee FL 34758 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Perron Warrick at (321) 40 2 - 3741 Name of Person Area Code & Daytime Telephone Number
/	ed is a check for the following amount: .00 Filing Fee \$\int\\$30.00 Filing Fee & \$\int\\$55.00 Filing Fee & \$\int\\$60.00 Filing Fee,
M \$23	.00 Filing Fee \$\bigcup \square \square \square
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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

(Name of the Limited Li	ability Company as it now appe	pare on our records)	
(A Flo	ability Company as it now appe orida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on	3-02-11	and assigned
Florida document number <u>LII0000251</u>			_ 5
This amendment is submitted to amend the following	ing:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company h	ere:	
The new name must be distinguishable and end with the L.L.C."	ne words "Limited Liability Com	pany," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicabl	le:	A	<u> </u>
(<u>Principal office address MUST BE A STREET A</u>	ADDRESS)	ASS ASS	-
			3 In
		107 118	# 0
Enter new mailing address, if applicable:			2
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		our records, enter the	name of the ne
New Registered Office Address:			
	Enter Florida street address		
-	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Reg	istered Agent:		
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and complete performand red agent as provided for in istered office address, I here	se of my duties, and I am Chapter 608, F.S. Or, if I	familiar with and this document is

Page 1 of 2

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Managing Member

Title Name Address Type of Action

MGR Kerron Warrick 4700 Millenia Blvd Add Remove

| Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Remove | Add | Add

lf amen	ding any o	ther infor	mation, ent	er change	(s) here: <i>(</i> .	Attach add	litional she	ets, if nece	essary.)
									
									
		-							

Remove

Dated _

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00