## U17000 146 756

| (Re                     | equestor's Name)      |        |
|-------------------------|-----------------------|--------|
| (Ad                     | ldress)               |        |
| (Ad                     | ldress)               |        |
| (Cit                    | ty/State/Zip/Phone #/ |        |
| PICK-UP                 | WAIT                  | MAIL   |
| (Bu                     | ısiness Entity Name)  |        |
| (Do                     | ocument Number)       |        |
| Certified Copies        | Certificates of       | Status |
| Special Instructions to | Filing Officer:       |        |
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Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORIDA 2016 JUN 30 PM 1: 29

K.SALY EXMANIVER JUL-1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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|---------|--------|--------------|
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| -WHV    | SSEFUE | STATE        |

**EXCELLENT HOUSE, LLC** 

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

| (A Florida Limited  | Liability Company)                            | SEE, FLORIDA                          |
|---|---|---------------------------------------|
| The Articles of Organization for this Limited Liability Compan  | y were filed on OCTOBER 17,2013               | and assigned                          |
| Florida document number L13000146756  |   |                                       |
| This amendment is submitted to amend the following:   |   | ·                                     |
| A. If amending name, enter the new name of the limited lia  | bility company here:                          |                                       |
| The new name must be distinguishable and contain the words "Limited Liab  | oility Company," the designation "LLC" or the | abbreviation "L.L.C."                 |
| Enter new principal offices address, if applicable:   |   |                                       |
| (Principal office address MUST BE A STREET ADDRESS)   |   |                                       |
|   | <del>-</del>                                  |                                       |
|   |   |                                       |
| Enter new mailing address, if applicable:   |   |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |                                       |
|   |   | · · · · · · · · · · · · · · · · · · · |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he |   | er the name of the no                 |
| Name of New Registered Agent:   |   | · .                                   |
| New Registered Office Address:  |   |                                       |
|   | Enter Florida street address                  | <u></u> .                             |
|   | , Florida                                     |                                       |
|   | City  | Zip Code                              |
| New Registered Agent's Signature, if changing Registered Agent  | •   | - <del></del>                         |

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 605, 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 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 = Manager AMBR = Authorized Member

| <u>Title</u> | Name            | Address                  | Type of Action   |
|--------------|-----------------|--------------------------|--|
| MGR          | JOSE L GONZALEZ | 9960 NW 116TH WAY STE 6. |  |
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| ctive date, if other than the c   | date of filing:                    |                               | (optional)   |
| effective date is listed, the date must                                 | be specific and cannot be prior to | date of filing or more than 9 | 0 days after filing.) Pursuant to 605.0  |
| e: If the date inserted in this blo<br>iment's effective date on the De |                                    | le statutory filing require   | ments, this date will not be listed  |
|   | parament of State of Toolius.      |                               |  |
|   |                                    |                               | 40.04  |
| ecord specifies a delayed<br>ne 90th day after the reco                 | errective date, but not a          | in effective time, at         | 12:01 a.m. on the earlier  |
| ic sour day arear the reco  | i is med.                          |                               |  |
| JUNE 9TH  | 2016                               | . 7                           |  |
| d   | ,,                                 | . 1/                          |  |
|   |                                    |                               |  |
|   |                                    |                               | <u></u>  |
| <del></del>   |                                    |                               |  |
|   | Signature of a member or authoris  | led representative of a mem   | ber  |

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Filing Fee: \$25.00