

L14000043054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

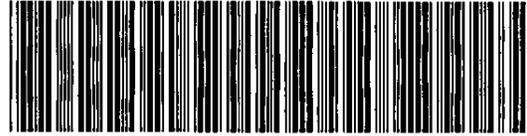
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EXCELL INSURANCE MARKETPLACE  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guy ALEXANDRE  
Name of Person

\_\_\_\_\_  
Firm/Company

17970 BISCAYNE BLVD  
Address

AVENTURA, FLORIDA 33160  
City/State and Zip Code

Guy.ALEXANDRE@live.com  
E-mail address: (to be used for future annual report notification)

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OFFICE OF THE CLERK  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Guy ALEXANDRE at ( 786 ) 663 4138  
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
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified 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



If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDENT	GUY ALEXANDRE	17971 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 210	<input type="checkbox"/> Remove
		AVENUE FL, 33160	
V.P.	LOUISE JONASSAIN	"ALREADY EXISTED"	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/18/2014

  
Signature of a member or authorized representative of a member

Guy ALEXANDRE  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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