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(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor			
Excel Netw	vork LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Linda Warrick		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Excel Network LLC		
		Firm/Company	
	3900 31st Street N. Ste. A		
		Address	
	St. Petersburg, FI 33714		
		City/State and Zip Code	
	linda@execlhomesolar.com		
For further information c	encerning this matter, please c	to be used for future annual report notiful:	ication)
Linda Warrick		727 504-6704 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for the	he 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)
Marin Carl			

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

Excel Network LLC		7.DH 11 20	1 : 1 0. 10
(Name of the Lim	ited Liability Company : (A Florida Limited Liab	Alil Coas it now appears on our reality Company)	cords.)
he Articles of Organization for this Limited I			
orida document number L14000140361			
is amendment is submitted to amend the fol			
If amending name, enter the new name of	of the limited liabilit	v company here:	
1			
e new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "	LLC" or the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:		
rincipal office address MUST BE A STRE			
memur office address MOST DE A STREE	<u>ci addition</u>		
	_		
ter new mailing address, if applicable:	-		
ailing address MAY BE A POST OFFICE	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
	-		
If amending the registered agent and/or	registered office add	lress an our records, en	iter the name of the new register
ent and/or the new registered office addre		11 (33 (11) (1) (1) (1) (1) (1)	ter the name of the new register
Name of New Registered Agent:	Linda Warrick		
	3900 31st Street N.	STe A	
New Registered Office Address:		Enter Florida street aa	ldress
	St. Petersburg		. Florida <u>33714</u>
		City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

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

Title	<u>Name</u>	Address	Type of Action
Title MBR GFO	Linda Warrick	3900 31st St. N. Ste. A., St. Petersburg, FL 33714	🗆 Add
			= Remove
			□Change
			□Add
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