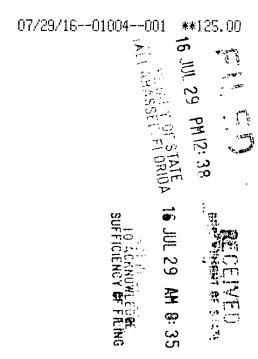
# L14000165811

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Pick-up

Office Use Only



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# **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	Excelium Hold Name of Lim	ited Bability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Diane	Sua Imoto Name of Person	
		Firm/Company	
	1000 Co	cporat Dr. #5	700
	Ft. Laude		•
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
Diane	Sugin ato	at (305) 632 Area Code Daytime	2399 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Excellum Hold (Name of the Limited Liability Compa (A Florida Limited L	ngs LLC ny agit ndw appears on our record iability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 10 (23) 20	and assigned
Florida document number <u>L14000165811</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA_	
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:	NA	JUL 29
(Mailing address MAY BE A POST OFFICE BOX)		9 PH 17
		DETATE SERVICE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:		
·	Enter Florida street addres.	s
		orida
	City	Zip 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 Name **Address** Type of Action Mgr. Sugmoto, Diane 1000 Corporate Dr. #500 DAdd Ft. Lauderdale, FL 33334 PRemove ☐ Change Mgr. Sugimoto, Ghan 1000 Corporate Dr. #500 Ft. Lauderdale, FL 33334 Remove □ Change Chhabra, Sushma 1000 Corporate Dr. #500 MAN Mar. Ft. Lauderdale, FL 33334 - Remove □ Change ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

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	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 does not meet the applicable statutory filing requirements, this date will not be lis	
e record specifies a delayed ef The 90th day after the record	fective date, but not an effective time, at 12:01 a.m. on the earl is filed.	ier
ated July 27	, 2016	
mon Occid .		

Page 3 of 3

Filing Fee: \$25.00