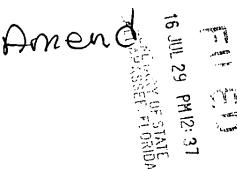
# 114000166373

(Re	questor's Name)	
· (Ad	dress)	
(Ad	dress)	
,	y/State/Zip/Phon	·
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Pic	Filing Officer:	

Office Use Only



900288505939 レ14-166373



07/29/16--01004--001 \*\*125.00

ROBLIK TRADER TO ACKHOWLEDON SUFFICIENCY OF FILING

16 JUL 29 MM 8:35

PACE VED

JUL 29 2016 N. CAUSSEAUX

Zyan Ch			
τ	Requester's Name		
·	Address		
	308-439-5847		
City/Sta			
	, L	Office Use Only	
RATION NAME(	S) & DOCUMENT NUMBER(S), (if known):		
· · · · · · · · · · · · · · · · · · ·	(Corporation Name)	(Document #)	_
	(corporation warne)	(Document #)	
	(Corporation Name)	(Document #)	
	(Corporation Name)	(Document #)	- ==
· ,	(Corporation Name)	(Document #)	
	,	(	
			_
	(Corporation Name)	(Document #)	
•			
	(Corporation Name)	(Document #)	
	(Corporation Name)	(Document #)	
□Walk in	☐ Pick up time	☐ Certified copy	
☐Mail out	☐Will wait ☐Photoco	oy Certificate of Status	

# **COVER LETTER**

TO: Registration Section Division of Corpo		•	
SUBJECT: <u>EX</u>	<u>Name of Limi</u>	led Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	,
Please return all correspond	ence concerning this matter t	to the following:	
	Dane	Sugamoto Name of Person	
		Firm/Company	<del></del>
	1000 Cor	porate Dr. #5	<u>ъо</u>
	Ft. Laude	porate Dr. #5 Address  rdale, FL 333 City/State and Zip Code	534 <u> </u>
	E-mail address: (t	o be used for future annual report notifica	ntion)
For further information cond	cerning this matter, please ca	III:	
Name of Po	sugmoto	at (305) <u>632 - e</u> Area Code Daytime T	2399 elephone 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

### 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

Excelium Hedia	LLC	3. 5
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 140001 66373</u> .  This amendment is submitted to amend the following:	were filed on 10 24 2014	2 and assigned 2 and assigned 2 and assigned 3 and assigned 3 and
A. If amending name, enter the new name of the limited liabi	ility company here:	P
	A	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ie abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Estan Plant In about a 11	
	Enter Florida street address	
	, Florida	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** Sugmoto Diane 1000 Corporate Dr. #500 Ft. Lauderdale, FL 33334 ☐ Change Mgr. Chhabra, Sushma 1000 Corporate Sr. #500 Ft. Lauderdale, FL 33334 - Remove ☐ Change Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

		2	Δ		
				, Ager avy	
					16
				X	· []
					PH 12: 38
			-10-11-11-11-11-11-11-11-11-11-11-11-11-		
fective date, if other than an effective date is listed, the date ote: If the date inserted in thi ocument's effective date on the	must be specific and s block does not n	cannot be prior to da neet the applicable			
e record specifies a dela The 90th day after the		late, but not ar	effective time, at	12:01 a.m. on th	ne earlier
ated July 2	1,	, 2016.	Moto representative of a mem		
lated July 3	_				

Page 3 of 3

Filing Fee: \$25.00