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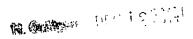
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COVER LETTER

	egistration Sec vision of Corp		•	r
SUBJECT	EXCEE	DINGLY ABUNDANTI	LY ABOVE ALL, LLC	
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retui	rn all correspon	dence concerning this matter	to the following:	
		SHERLENE D. DAV	'IS	
			Name of Person	
			Firm/Company	
		298 SW CARTER A	VE	
			Address	
		PORT ST LUCIE, F	L 34983	
			City/State and Zip Code	
		sherlenedavis@gma	II.COM to be used for future annual report notif	ication)
For further	information co	ncerning this matter, please ca		,
Sherlen	e D. Davis		561 676-8623	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	e following amount:		
\$25.00	Fiting 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	·
\(A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	pility Company were filed on 11/25/2014 and assigned and assigned
This amendment is submitted to amend the follow	ving:
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:
he new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE Bo	<u></u>
3. If amending the registered agent and/or or segistered agent and/or the new registered office.	registered office address on our records, enter the name of the nee address here:
Name of New Registered Agent:	
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address
	, Florida
	City Zıp 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Brandon J. Davis	298 SW Carter Ave Poet St Lucie, Fr 349.	Add
		Poet St Lucle, Fr 349.	£3□ Remove
			Add
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Page 3 of 3

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