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Requester's Name Address 3 3 5 - 439 - 5947 City/State/Zip Phone RATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name)			
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COVER LETTER

TQ:	Registration Se Division of Cor			
SUE	ЫЕСТ:	Excelium Tech Name of Limi	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Plea	se return all correspo	ondence concerning this matter	to the following:	
		Diane	Sua imoto Name of Person	
			Firm/Company	
		1000 Corp	porata Dr. #50	00
		Ft. Laude	City/State and Zip Code	3 4
		E-mail address: (to be used for future annual report notifi	ication)
For	further information o	oncerning this matter, please ca	all:	
	Diane:	Sugmoto	at (305) (632 - Area Code Daytime	2399 Telephone Number
Encl	losed is a check for t	ne 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

Excellum Tech (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 15 0000 6 9 3 1 5</u> .	ny were filed on 4 31 30	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA.	16 JUL 20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	PM 12: 3
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		rds, enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street addi	ress
· 	City , 1	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

<u>Title</u>	Name	Address	Type of Action
Mgr.	Sugmoto, Diane	1000 Corporate Dr. #500	D Add
		Ft. Lauderdale, FL 333	3 Remove
			☐ Change
Mgr.	Sugimoto, Ghan	1000 Corporate Dr. #500	Add
		Ft. Lauderdale, FL 33334	De Remove
			Change
Hgr.	Chhabra, Sushma	1000 Corporate Dr. #500	B Add
		Ft. Lauderdale, FL 3333	✓ □ Remove
•			Change
			□ Add
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Dated July 27		, 2016	· ·			
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	Signature of a	a member or au	horized representa	ive of a member		

Page 3 of 3

Filing Fee: \$25.00