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(Requestor's Name)

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SECRETARY OF THE
TREASURY

JUN 24 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCELLON Insurance Agency LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GUY J. ALI
Name of Person

EXCELLON Insurance Agency LLC
Firm/Company

3600 S. STATE ROAD 7 SUITE 244
Address

MIRAMAR FL 33023
City/State and Zip Code

guyali79@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUY J. ALI at (786) 712-9551
Name of Person Area Code Daytime Telephone Number

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15 JUN 22 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (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**

STUDENT debt expert LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/6/2015 and assigned Florida document number L150000797.22

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

EXCELLON Insurance agency LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3600 S. STATE road 7 suite 244
MIRAMAR, FL 33023

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3600 S. STATE road 7 suite 244
MIRAMAR, FL 33023

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

GUY J. ALI

New Registered Office Address:

3600 S. STATE road 7 suite 244

Enter Florida street address

MIRAMAR

City

Florida

33023

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUY J. ALI	3913 madeira street	<input checked="" type="checkbox"/> Add
		Miramar FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EXCELLON INSURANCE agency provides INSURANCE
Coverage TO consumers and businesses

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of:
(b) The 90th day after the record is filed.

Dated

06/17/2015

Signature of a member or authorized representative of a member

Guy J. Ali

Typed or printed name of signee

FILED
JUN 22 AM 11:52
DEPT. OF STATE
CLERK