L15000107951

(F	Requestor's Name)	
(/	Address)	
`	,	
(/	Address)	
((City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
		_
(I	Business Entity Name)	
(I	Document Number)	
C-4:#'-4 C:	C-wifi	Ctatus
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
	Pick-up	
	•	

Office Use Only



500288505975 L15-107957

Amend

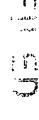
07/29/16--01004--001 **125.00

SUFFICIENCY OF FRING

ECEIVED ...

N. CAUSSEAUX

JUL 29 PM 12: 38



Ryan C	hong			
•	Requester's Name			
	Address		•	
	305-439-5847			
City/S	tate/Zip Phone			
	,		Office Use Only	
PORATION NAME	E(S) & DOCUMENT NUMBER(S), (if kno	own).		
FORATION NAIME	(3) & DOCUMENT NUMBER(3), (II KIII	owiij.		
			,	<i>,</i>
	(Corporation Name)	···	(Document #)	
•		•		
	(Corporation Name)		(Document #)	
	·		(Dodd Circh)	
	<u> </u>			
	(Corporation Name)		(Document #)	
-	(Corporation Name)	· <u> </u>	(Document #)	
				·
_	(Corporation Name)		(Document #)	
				·
	(Corporation Name)		(Document #)	
	(F		,	
	(Company)		/S	
	(Corporation Name)		(Document #)	
□Walk in	☐Pick up time	- 	☐Certified copy	
□Mail out	□Will wait □	Photocopy	Certificate of Status	

COVER LETTER

TO; Registration Se Division of Cor			
SUBJECT:	Exceliury Rose Name of Lim	earch LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diane	Sugimoto Name of Person	
		Firm/Company	
	1000	Corporate Drive	· #500
	Ft. Lau	derdale, FL 3: City/State and Zip Code	3334
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
Diane	Sugimoto of Person	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)	□ \$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 Liability Compa (A Florida Limited	earch LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L\5000\0\795\</u> .	were filed on 6 22 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	r the abbreviation "L.C."
Enter new principal offices address, if applicable:	NA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	SEE. FLORIDA
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	, Flori	da 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** Sugimoto, Diane 1000 Corporated#500 Ft Lauderdale, FL 33334 PRemove ☐ Change Chhabra, Sushma 1000 Corporate Dr. #500 Mar. Ft. Lauderdale FL 33334 - Remove ☐ Change □ Add Remove Gange ORID Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

			NA			
 						
····						
					<u> </u>	
					25- 25: 	
				<u></u>	ASS.	29 1
					F 5	PH 2:
	· · · · · · · · · · · · · · · · · · ·				ORIDA ORIDA	<u>သ</u> အ
						······
						
	- 		-			<u> </u>
Effective date, if other the substitution of t	date must be specific and in this block does not me	cannot be prior to eet the applicab	date of filing or more t le statutory filing red	(optiona han 90 days after filir quirements, this da	ig.) Pursuant t	o 605.0207 e listed as
ne record specifies a c The 90th day after t		ate, but not a	an effective time	e, at 12:01 a.m	. on the ϵ	earlier of
Dated <u>July</u>	_	<u> 3016</u>	ced representative of a			

Page 3 of 3

Filing Fee: \$25.00