

L15000206738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

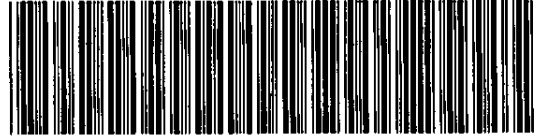
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200284690782

04/19/16--01028--013 **25.00

FILED
16 APR 19 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Prowe Concepts Management 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:

Zoe Dickson

Name of Person

Object Legal LLC

Firm/Company

5850 Granite Parkway Suite 215

Address

Plano TX 75024

City/State and Zip Code

filings@legalinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zoe Dickson

972 865-7421

Name of Person

at ()

Area Code

Daytime Telephone 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
(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

OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024
TEL: 844-386-0178
FAX: 214-317-4754
EMAIL: Jordan@legalinc.com

DOCUMENT FILING REQUEST LETTER

Date Mailed: 4/14/2016

From: Jordan Tyler

To: Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTN: Document Filing Division

Name of Company: Excel Management LLC

Please file the attached formation documents, and return the following:

[1] Plain Copy of the filed documents

****Please Fax/Email a copy of the filed documents upon acceptance of filing, if you have any questions on the filing please call me or email me at the number and email listed above****

**PLEASE RETURN FILED DOUCMENTS TO :
OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024**

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Prowe Concepts Management 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 12/11/2015 and assigned
Florida document number L15000206738.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
16 APR 19 PM 12:18
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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>
AMBR	Ramla Aden	128 Millport Circle #200	<input checked="" type="checkbox"/> Add
		Greenville, SC 29607	<input type="checkbox"/> Remove
		8319 38TH ST. UNIT 207	<input type="checkbox"/> Change
AMBR	JESSICA CELIS	SARASOTA, FL 34243	<input type="checkbox"/> Add
			<input checked="" 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

16 APR 89 PM 12:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 FILED

[illegible]

(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)

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.

4, 11, 2016

Paul Aden

Signature of a member or authorized representative of a member

Ramla Aden

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 APR 19 PM 12:18
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535