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ALLAH MESAPER STATE

J. HARRIS

## **COVER LETTER**

Division of Cor	porations	•			
SUBJECT:	X CELLA FINAL Name of Limit	VCIAL SERVICES ted Liability Company	LLC		
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspo	ndence concerning this matter t	to the following:			
	DAVIA P	Name of Person			
	EXCELLA F	Firm/Company	CES ILC		
450/ MANATEE AUE. WEST. #169					
BRANENTON, FL. 34209  City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information co	oncerning this matter, please ca	ıll:			
Name o	M, PECK	at (56/) 926- 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:

TO:

Registration Section '

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

EXCELLA	FMMCI	AL SERV	ICES LLC	<u> </u>	
(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 Lial Florida document number 4/60005	bility Company v	were filed on 05	17/20/6	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liabil	ity company here	<b>:</b>		
The new name must be distinguishable and contain the wor	rds "Limited Liabilit	ty Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applical	ble:	450/ MA	VATEE AUE	WEST #169	)
(Principal office address MUST BE A STREET	ADDRESS)	BRANATT	on, F2.3	1209	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0x)</u>	4501 MA BRANEN	MITEE AVE. 75~, FL · 34	WEST #169 1209	
B. If amending the registered agent and/or registered agent and/or the new registered offi			ur records, <u>enter</u>	the name of the n	<u>ew</u>
Name of New Registered Agent:	Thon	125 AIX	Zellars	<del> </del>	
New Registered Office Address:			i street address		
	Braden	ton City	, Florida	FL 34201 Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this cl	r and complete pered agent as pregistered office of hange.	performance of m rovided for in Cha address, I hereby	y duties, and I am apter 605, F.S. Or confirm that the li	familiar with and if this document is mited liability	he
	If Chang	ging Registered Agen	t, Signature of New R	egistered Agent	₩,
·	Page 1	of 3			12 4 14 14

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 Address Type of Action Name** AMBR THOMAS A. ZELLARS 7808 EDMONSTON CIRCLE XAdd BRAGON, FL. 34201 ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change DbA 🗖 ☐ Remove E Change Remove : S I A Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessar	y.)	
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(If an eff Note:	ve date, if other than the date of filing:	g.) Pursuant to 60	5.0207 (3)(b ted as the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earl	ier of:
Dated	Telle 1		
	Signature of a messber or authorized representative of a member  Typed or printed name of signee	SECRE	
	Typed or printed name of signee	LAKY ASSE	- Littings
	Page 3 of 3	PHI2:	
	Filing Fee: \$25.00	2: 36 TATE ORIDA	1