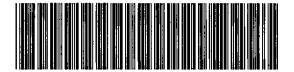
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| (Re | equestor's Name) | | |
|---|---------------------------------------|-------------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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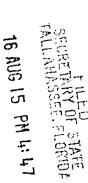




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AUG 1 6 2016 S. YOUNG



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EXCEL De | in Ling L. L. C. | |
|---|--|------------------|
| (A F | Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabil | lity Company were filed on05/19/2016 | _ and assigned |
| Florida document number <u>L 16 0000979</u> | 79 4 . | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| | | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designation "LLC" or the abbrev | viation "L.E.C." |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A. | DDRESS) | 6 77 |
| | | 5 more |
| | · | T. S. |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u></u> | |
| | | |
| | | |
| B. If amending the registered agent and/or in registered agent and/or the new registered office | registered office address on our records, <u>enter the</u> | name of the nev |
| registered agent and/or the new registered office | address here. | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| rew registered Office Address. | Enter Florida street address | **** |
| | , 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 **Title Name** Address **Type of Action** FEITX Radingues Clerment FL 34711 Remove □ Change ABBA & Sons Enterprises Inc. POBOX 121726 Add Chermont FL34711 Remove ⊟ Change ഗ _□ Remove _🗆 Change _□ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change