## LUCCOPTI

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## **COVER LETTER**

TO: Registration Division of C				
EXCELL	ENCE CAPITAL, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Bryan B. Levine, Esq.			
		Name of Person		-
	Knox Levine, P.A.			
		Firm/Company		_
	36428 U.S. Hwy, 19 N.			
		Address		-
	Palm Harbor, FL 34684			•
		City/State and Zip Code	-	÷
	E-mail address: (	to be used for future annual report notifica	-	:
For further information	concerning this matter, please co	all:		; · · · · · · · · · · · · · · · · · · ·
Bryan B. Levine		727 223-6395		:
Name	of Person	at () Area Code Daytime Te	elephone 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)	Certified	te of Status &

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**

EXCELLENCE CAPITAL, LLC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability		and assigned
Florida document number L16000197711	<del></del> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	(RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi	stered office address on our records, <u>e</u> r	nter the name of the ne
registered agent and/or the new registered office add	dress here:	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Florid	a
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed_Agent:	. 2

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>	Address	Type of Action
MGR	Lawrence Tenebaum	7345 Greenbriar Parkway	
		Orlando, Fl. 32819	Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
		<del></del>	Change
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record The 90	d specifies a delayed of th day after the recor	effective date, d is filed.	, but not an e	ffective time, at	12:01 a.m. on th	e earlier o
ited	June 21	20	17			
			•			2
	Kanan	1	_	presentative of a mem		

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Typed or printed name of signee

Filing Fee: \$25.00