117000188568

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ldress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Dc	ocument Number)	
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COVER LETTER

TO: Registration S Division of Co			
EXCELIS SUBJECT:	OR HOLDINGS LLC		
., ов., вет.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return ail corresp	ondence concerning this matter	to the following:	
	Cardiff Y. Howell		
		Name of Person	
		Firm/Company	
	2820 Jacana Court		
		Address	· ·
	Longwood, FL 32779		
	jason@howellinvestments.c	City/State and Zip Code com	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	ull:	
Jason Howell		321 948-3144 at () Area Code Daytim	
Name	of Person	Area Code Daytim	e Velephone Number
Enclosed is a check for t	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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCELISOR HOLDINGS LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)		
The Articles of Organization for this Limited Liability Compar Florida document number L17000188568	ny were filed on September 5, 2017	and a	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ibility company here:		
EXCELSIOR HOLDINGS LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the a	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)			 -
			(S)
		:	
B. If amending the registered agent and/or registered		<u>the inam</u>	e otthe n
registered agent and/or the new registered office address he	ere:	1 15 	A
		<u>:</u>	8
Name of New Registered Agent:			-
New Registered Office Address:		٠.	U r
	Enter Florida street address		
	. Florida		
- 	, rothur	Zip Cod	

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager			
AMBR = Authorize	d Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Dād
			☐ Remove
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Filing Fee: \$25.00