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(Dawnshada Nama)	
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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJĮ	ect: <u>EXCE</u> l	Name of Limit	SN GROUP LLC led Liability Company	
The en	closed Articles of Ar	mendment and fee(s) are subn	nitted for filing.	
Please	return all correspond	lence concerning this matter to	o the following:	
		RAUDI	CANDAM6 Name of Person	
		<u>Excol</u> C	Firm/Company	LOUP LLC
		18495 8 our	Address	# 203
		CUTLER B	City/State and Zip Code SCO YAMOO. COM be used for future annual report notifi	7
		E-mail address: (to	be used for future annual report notifi	cation)
For fur	ther information con	cerning this matter, please cal	II:	
R	AUD' CAL Name of P	ODAME erson	at (305) 301 - Area Code Daytime	1014 Telephone Number
Enclos	ed is a check for the	following amount:		
□ \$2:	5.00 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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCEL CONSTRUCTION		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 206	2018 and assigned
Florida document number <u>L 180000 33567</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		18 ALEC
		APR APR
		ASS
Enter new mailing address, if applicable:		> mon
(Mailing address MAY BE A POST OFFICE BOX)		FLC B
		RITE PRICE
	,	D,
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
		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> **Address Type of Action** <u>Name</u> MGR CHRISTIAN MUNOZ 18495 S. Dixis HWY # 203 Add PL Murrili 33151 Remove _□ Change ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add □ Remove _□ Change

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	t to 605.0 be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the of 90th day after the record is filed.	earlier
MARCH 29, 2018.	
Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00