AX)9165767010 OOP.001/004 19:00 PARASE 12/03/2018 11/14/2018

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

1213038

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000328173 3)))



H180303281733ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co	nonations	
		• •	
	Fax Number	: (850)617-6383	and the second sec
From:			0
	Account Name	: PARASEC	
	Account Number	: 12018000086	۲ <u>این این این این این این این این این این </u>
	Phone	; (916)576-7000	202 0
	Fax Number	: (800)603-5868	
			rg = C
*Enter	the email addres	s for this business entity	to be used for future P.C.
ann	iual report maili	ngs. Enter only one email	address please. **
_		RIDDS Q Down	SEC. COM
bm2	ail Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXCELLENCE BROKERS LLC

	Ť.	Certificate	of Status	0	
	ហ	Certified C	ору	0	
		Page Count	······································	04	
•		Estimated (Charge	\$25.00	_
1	ç		n an		至2011年1月1日
	- <u>-</u>				A. LUMT
(2019 [4° 44
	~				
	Electron	ic Filing Menu	Corporate Filing M	enu H	Ielp

(FAX)9165767010

P.002/004

1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCELLENCE BROKERS LLC

(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 Liability Company were filed on 10/3/2018 and assigned Florida document number L18000232997

This amendment is submitted to amend the following:

A. If amonding name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company;" the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:	E. P.
Enter new maning address, it applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	3
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the neft dress here:
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Adoless:	Énter Florida street address
	, 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 603, 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

Page 1 of 3

12/03/2018 13:01 PARASEC

· ·

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Milælander Aldecoa	1001 SW 2nd Ave Miami FL 33130	🖸 Add
			Remove
			@ Change
			Add
			E Semove
			Change
			D Add
			Add 0 55
			Removes
			Change
			O Add
		· · · · · · · · · · · · · · · · · · ·	
			Change
			D Add
			Remove
			Change

12/03/2018 13:01 PARASEC

(FAX)9165767010

P.004/004

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

ated	NONMBEC 17 2018
	Judden
	Signature of a member or authorized representative of a member
	Mikelander ALDECOA
	Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00