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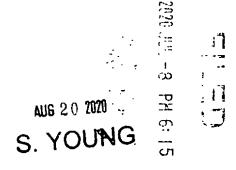
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT: EX	CESIOR PUBL Name of Line	IC ACLUSTING	Dervices LLC
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	HENIXK	7 IMUTH 7 E Name of Person	
	Excelsion	Public Adjus-	ting Services Ll
	95 NW 1	UV Street	<u> </u>
	North Mc	1m) Dach Fl City/State and Zip Code	L 33/69
	deedee	5 1 6 4000. To be used for future ahnual report notifi	fication)
For further informatio	n concerning this matter, please ea	all:	
HENCK	Timolhee	at (305) LU7 Area Code Daytime	e Telephone Number
Enclosed is a check fo	r the following amount:		
S25.00 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 Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCESSION Public Actuality Companies (Name of the Limited Liability Companies CA Florida Limited Linited Linit	ability Company)	LEC 1
The Articles of Organization for this Limited Liability Company values of Organization for this Limited Liability Company values of Organization for the Articles of Organization for this Limited Liability Company values of Organization for the Organization for Organization for the Organization for th	were filed on 12/12/19	and assigned
This amendment is submitted to amend the following:		5. 5
A. If amending name, enter the new name of the limited liabile    X ( 2   5   )		reviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	95 NW 1UW Str North Mami Deach	10e+ h, FC 33169
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, enter the name	of the new registered
Name of New Registered Agent:  New Registered Office Address:  North Mi		
	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>	Name	<u>Address</u>	Type of Action
AMBR	Henock Timothee	700 NE 1755 L North Miami Beach	[Add [Add
		•	□Remove
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Effective	date, if other than the date of filing: (optional)
(If an effect Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	07/03/2020 11
Х	Tomo
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Till D mar on