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Registration Section

Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

	R Excel LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Mamoun Name of Person Excel LLC. Firm/Company			
	9907	Sorbonne Loc Address	op		
	Seff	1 EV FL 33584 City/State and Zip Code		200 St	
	E-mail ddress:	elflagmail. com to be used for foure annual report notif	ication)	2020 JUL 29 SCORE IAA TALLAH	1
For further information e	oncerning this matter, please c	all:		(n)	
	Mamoun	at (<u>216</u>) <u>258 S</u> Area Code Daytime	3931	## 8: 2:	
Name o	f Person	Area Code Daytime	Telephone Number	E 28	
Enclosed is a check for the	he 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 &	
<u>Mailing Addres</u> Registration :		Street Address: Registration Sec	tion		

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	icel LLC.	
(<u>Name of the Limited I</u> (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>(IS.)</u>
The Articles of Organization for this Limited Liabi	ility Company were filed on <u>5/4/20</u> 6949 4/20/202	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi		2 7
Name of New Registered Agent:		9 AH 9 AH 9
New Registered Office Address:	Enter Florida street addre	<u> </u>
-	City	lorida 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 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
AMBR	Insan Mamoun	9907 Surbanne Loop Seffner, FL 33584	<u> </u>
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Ifective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to da ote: If the date inserted in this block does not meet the applicable accument's effective date on the Department of State's records.		(optional) days after filing.) Pursu	ant to 605,020
record specifies a delayed effective date, but not an effective time, Lis filed.	at 12:01 a.m. on the ear	lier of: (b) + The 90th	day after the
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Charles of anthorized	d representative of a memb	er	