L2000294805

(F	Requestor's Name)
(A	address)
(A	address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:





600353084976

800353084976 10/06/20--01011--008 **25.00



2020 00 1-6 AHH: 03

C. GOLDEN 0CT - 7 2020

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EXCELLENCE MED	ICAL LLC			
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			_ 	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
		!		Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
			l	Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature			<u> </u>	Vehicle Search
				Driving Record
Requested by: Seth	10/05/20			UCC 1 or 3 File
Name	$\frac{10/05/20}{2}$	Time		UCC 11 Search
Name	Date	Time	ļ	UCC 11 Retrieval
Walk-In GA 8/00	Will Pick Up			Courier

COVER LETTER

TO: Registration : Division of Co					
	ENCE MEDICAL LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	pondence concerning this matter	to the following:			
	JASON SCHNUER				
		Name of Person			
	EXCELLENCE MEDICA	LLLC			
		Firm/Company			
	8605 PROSPECT LN				
		Address			
	PARKLAND, FL, 33076				
	avaellan samadiaellla@aus	City/State and Zip Code			
	excellencemedicalllc@gma E-mail address:	to be used for future annual report notif	cation)		
For further information	concerning this matter, please o	all:			
Jason		954 9182928 at ()			
Name	of Person		Telephone Number		
Enclosed is a check for	the following amount:				
□ S25.00 Filing Fee	☐ \$30.00 Filing Fee &. Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Con The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCELLENCE MEDICAL LLC				7 4 4 T 3 5 4
(Name of the Limi	ted Liability Compa (A Florida Limited L	ny as it now appears o liability Company)	n our records.)	
he Articles of Organization for this Limited I lorida document number L20000294805	iability Company	were filed on 08/28	/2020	and assigned
his amendment is submitted to amend the fol	lowing:			
If amending name; enter the new name of	•	ility company here	:-	
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."
Inter new principal offices address, if applicable:		1700 NORTH DIXIE HIGHWAY, SUITE 139.		
Principal office address MUST BE A STREET ADDRESS)		BOCA RATON, F	L 33432	

Inter new mailing address, if applicable:		1700 NORTH DIXIE HIGHWAY, SUITE 139		
Mailing address MAY BE A POST OFFICE BOX		BOCA RATON, FI	L 33432	
3. If amending the registered agent and/or gent and/or the new registered office addre		iddress on our reco	rds, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:				<u>. </u>
New Registered Office Address:	1700 NORTH E	DIXIE HIGHWAY, S		
			street address	
	BOCA RATON		, Florida	-32
		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>	<u>Name</u>	Address	Type of Action
AMBR	JASON SCHNUER	1700-NORTH DIXIE-HIGHWAY, SUITE 139,	□Add
		BOCA RATON, FL, 33432	□Remove
			\ \exists Change
			🗆 Add
			□Remove
			□Change
		·	🗆 Add
			□Remove
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ective date, if other than the effective date is listed, the date must e: If the date inserted in this blument's effective date on the De	ock does not meet the app	olicable statutory filin	(option nore than 90 days after fil ng requirements, this d	al) ing.) Pursuant to 605,020' ate will not be listed as
cord specifies a delayed effective filed.	date, but not an effective	e time, at 12:01 a.m.:	on the earlier of: (b)	The 90th day after the
OCTOBER 6TH	2020			
october 6th	, 2020		_	
	, 2020 , Bull Signature of a member of at	Marized convenience	e of a membra	

Filing Fee: \$25.00