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(R	equestor's Name)	
(A	ddress)	
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(C	City/State/Zip/Phone #)	
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(8	Business Entity Name)	
	Occument Number)	
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Certified Copies	Certificates of	Status
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Special Instructions to	o Filing Officer	

Office Use Only



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Division of Corporations

April 7, 2021

CAPITAL CONNECTION, INC.

SUBJECT: EXCELLENCE MEDICAL LLC

Ref. Number: L20000294805

We have received your document for EXCELLENCE MEDICAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted does not have heading. It has to say "Articles of Amendment to Atricles of Organization".

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 321A00007168

CAPITAL CONNECTION, INC.

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

CELLENCE MEI	DICAL 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
		1		RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
gnature				Fictitious Owner Search
6				Vehicle Search
	- 			Driving Record
equested by: SETH	04/06/21			UCC 1 or 3 File
ame		Time		UCC 11 Search
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Limited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		Carlo Toussaint	
		Name of Person	
		Firm/Company	
		2726 ne 2nd ave	
		Address	
		Pompano beach City/State and Zip Code	
	Calal	·	
		otoussaint@yahoo.com to be used for future annual report i	notification)
For further information	concerning this matter, please c	·	
Carlo Tou	ssaint	at (<u>954</u>) 601-	7662
Name	of Person	Area Code Day	time Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327		Section Corporations of Tallahassee nroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NCE MEDICAL LLC		
(Name of the Limited I	Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab	anty Company were med on	08/28/2020	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the des	ignation "LLC" or the abb	oreviation "L.L.C."
Enter new principal offices address, if applicab	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>		22
			
			-U
B. If amending the registered agent and/or regingent and/or the new registered office address l		cords, <u>enter the name</u>	J
		in or	
Name of New Registered Agent:	Carlo Toussaint	<u> </u>	- i - i - i
New Registered Office Address:	1700 n dixie highwa	ay suite 139	
	Enter Florid	da street address	
	Boca Raton	, Florida <u></u>	33432
	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>	<u>Address</u>	Type of Action
MGR	Carlo Toussaint	2726 ne 2nd ave pompano beach	⊠Add
		Florida 33064	□Remove
			🗆 Change
MGR	Sean DOUGHERTY	1700 n dixie highway Suite 139	□Add
		Boca Raton fl 33432	<u></u> ⊠Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
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			□ Add
			□Remove
			□Change

	
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Note: 1:	e date, if other than the date of filing:
e record ord is file	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 d.
Dated _	04/05/2021
	Signature of a member or authorized representative of a member
	·
	Carlo Toussaint

.

Filing Fee: \$25.00