

L20 000322071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

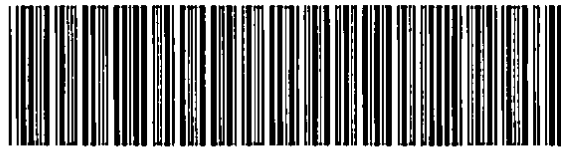
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900356801249

01/04/21--01009--001 **25.00

FEB 12 2021
S. YOUNG

FILED
2021 JAN -4 PM 6:22

COVER LETTER

D: Registration Section
Division of Corporations

SUBJECT: Excelso Acreditación LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Osyma Del Valle
Name of Person

Excelso Acreditación LLC
Firm/Company

1314 E. Las Olas Blvd #748
Address

Fort Lauderdale, FL 33301
City/State and Zip Code

soporte @excelsoacreditacion.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Osyma Del Valle at (954) 870 8780
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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**

Excelso Acreditación 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 October 12, 2020 and assigned

Florida document number L20000322071

This amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

A new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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

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

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

RES Osyma Del Valle ☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

☐ Remove

_____ ☐ Change

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

_____ ☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

[Remove](#)

_____ ☐ Change

_____ ☐ Add

[Remove](#)

_____ ☐ Change

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

Title of registered agent please change to:
Osyma Del Valle, President

Please change title of authorized person
authorized to manage the company to:
PRES Osyma Del Valle
title name


Effective date, if other than the date of filing: _____ (optional)

If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 1 is filed.

ated December 15, 2020.


Signature of a member or authorized representative of a member

Osyma Del Valle
Typed or printed name of signee