K21000195245

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COVER LETTER

TO:		istration Sec sion of Corp			
CUBIE	CT.	Xcellent Sol	utions, LLC		
SUBJE	CI:		Name of Lim	nited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn	all correspor	ndence concerning this matter	to the following:	
			Faisal Alhubail		
				Name of Person	
			Xcellent Solutions, LLC		
				Firm/Company	
			16832 SW 137th Ave Apt	132	
			·	Address	
			Miami, FL 33177		
				City/State and Zip Code	
			f.alhubail@live.com	to be used for future annual report notification)	Status &
For furth	her in	formation co	ncerning this matter, please o		
Faisal A				786 328-1058	
		Name of	Person	Area Code Daytime Telephone Number	
Enclosed	d is a	check for the	following amount:		
□ \$ 25.	.00 Fi	iling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	us &
	Reg Div P.O	ling Address istration S ision of Co . Box 6327 ahassee, F	ection orporations 7	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

FILED

2022 MAY 13 AM 10= 56

SECRETARY OF STATE Xcellent Solutions, 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 $\frac{04/27/2021}{1}$ ____ and assigned Florida document number L21000195245 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Stephanie Penaranda LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. 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 , Florida ___ City 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	Faisal A Alhubail	16832 SW 137th Ave Apt 132	□Add
	1	Miami, FL 33177	□ Remove
			■ Change
			□Add
			Remove
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Page 2 of 3

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Effect	tive date, if other than the date of filing: O4/27/2022	.07 (; as tl
If an ef Note:	nent's effective date on the Department of State's records.	
If an ef <u>Note:</u> docum	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	of:
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Page 3 of 3