3/5/24, 8:44 AM

Division of Corporations



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(((H24000086663 3)))



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Division of Corporations

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From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200 Fax Number : (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. *

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAX AUDIT #H24000086663 3

EXCEL ENTITIES LLC				
(Name of the Limi	ted Lisbility Company a (A Florida Limited Liabi	it now appears on our re- ity Company)	cords.)	
The Articles of Organization for this Limited L Florida document number L24000082869	iability Company wer	e filed on 02/15/2024	and assi	gned
This amendment is submitted to amend the foll	amending name, enter the new name of the limited liability company here: what name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the Safereviator			
A. If amending name, enter the new name o	of the limited liability	company here:	202	
The new name must be distinguishable and contain the v	vords "Limited Liability C	ompany," the designation "	LLC" or the sobreviation 1.1	.C.1 1
• • • • • • • • • • • • • • • • • • • •				275.E4F
(Principal office address MUST BE A STREE	ET ADDRESS)		SSC	1757
			5	
Enter new mailing address, if applicable:		·	<u> </u>	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
		ess on our records, <u>en</u>	ter the name of the new	registere
Name of New Registered Agent:	ALAN S. GASSMA	AN, ESQ.		
	lew Registered Office Address: 1245 COURT STREET			
	CLEARWATER		, Florida 33756	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	er and complete per istered agent as prov registered office add	formance of my duties ided for in Chapter 60 lress, I hereby confirm	s, and I am familiar with 05, F.S. Or, if this docu	n and ment is

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

Title	<u>Name</u>	Address	Type of Action
MGR	RODERICK M. URBANIAK	1761 LONG BOW LANE	□Add
		CLEARWATER, Ft. 33764	Remove
			□Change
			□Add
			□Romove
			□ Change
·			□Add
			□Removo
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fective date, if other than an effective date is listed, the date offer the date inserted in this cument's effective date on the	s block does not meet th	ic applicable statutor	y filing requirémen	ils, this date will not t	to 605,02 be listed :
ecord specifies a delayed effe is filed.	ctive date, but not an eff	fective time, at 12:01	a.m. on the earlier	of: (b) The 90th da	y after th
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March 5 ited					
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