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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : B RILEY WEALTH TAX SERVICES INC

Account Number : I20120000051 Phone : (305)937-7773 Fax Number : (815)301-2897

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EXCELLERA LLC**

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L24000165997

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AUG 3 0 2024

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
AUG 20
TALLAHASER FLORIS.

	ELLERA LLC	on our capards)
(Name of the Limit	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited L. Florida document number L24000165997	iability Company were filed on 04/0	8/2024 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name o	the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the week the new principal offices address, if applies of the incipal office address MUST BE A STREE	able:	signation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or a agent and/or the new registered office addressed to Name of New Registered Agent:	egistered office address on our re ss here: BARAK LEON BAR	cords, enter the name of the new register
	955 SOUTH FEDERAL HY STEE	335
New Registered Office Address:	Enter Flori	da sireel address
	FORT LAUDERDALE	Florida 33316 Zip Code
	City	zip coac

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 us 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/Strnature of New Registered Agent

☐ Change

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 Type of Action Address Name Title 955 SOUTH FEDERAL HWY STE 335 EHUD KOREN AMBR \_ \_\_\_ LIAdd FORT LAUDERDALE, FL 33316 \_\_\_\_\_ □ Change \_\_\_\_\_ 🗀 Add \_\_\_\_ ©Remove Remove \_\_\_\_\_ Remove \_\_\_\_ 🗆 Add \_\_\_\_\_ □ Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	~ <del>~ ~</del>
If an el Note:	tive date, if other than the date of filing:  [Coptional]  (optional)  (flective 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 505.020  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
rd is I	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th filed.
Dated	dAufust-28
	1
	Signature of a member or autiorized representative of a member
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