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SECRETARY OF STATE DIVISION OF BORFORATIONS

Amendicus 10 2/2id 15

COVER LETTER ,

TO: Amendment Section

Division of Corporations	·- ·	,		
NAME OF CORPORATION: DOCUMENT NUMBER:	Exce	L V	ENTURES	conf
DOCUMENT NUMBER:	P12	000	00105	9
The enclosed Articles of Amendme	ent and fee are subm	nitted for filing.		
Please return all correspondence co	ncerning this matter	r to the followin	ng:	
	<u> </u>		N C 4	
	JARS	Name of Conta	oct Person	
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3	150 36	TH STA	LEE T	
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O.	Riamodo	FL	32 § Zip Code	339
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For further information concerning	this matter, please	call:		
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Name of Contact Pe	rson		Area Code & Dayti	me Telephone Number
Enclosed is a check for the following	ng amount made pay	yable to the Flo	rida Department of S	State:
	5 Filing Fee & Cleate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	opy Certifi opy is Certifi (Addi	O Filing Fee icate of Status ied Copy iional Copy llosed)
Mailing Addres Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations		Street Address Amendment Section of Corporation Building 2661 Executive Corporations	orations .

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

EXCEL VENTULES (Name of Corporation as currently filed with the Florida Dept. of State P12000001659 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: N/A A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: <u>X</u> Change	PT John [<u>Doe</u>	
X Remove	V Mike	Jones	
_X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD5	DARSH DESAI	3150 36TH JTREET
Add			OMANDO, FL 32839
Remove			
2) Change	D	DARSHANA DESAI	3150 36 TH MARRY
Add			OMMOO, FL 32839
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	· · · · · · · · · · · · · · · · · · ·		
Remove			
[]			
6) L Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) her (Be specific)	/
		NA
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If an amendment provides for an exch provisions for implementing the ame	iange, reclassification, o	r cancellation of issued shares.
(if not applicable, indicate N/A)	ndment if not contained	in the amendment itself:
(Il not approadic, moreate INA)		λ
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The date of each amendment(s)	12 / 23 / 14	, if other than
date this document was signed.	12/23/14	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were about the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
The amendment(s) was/were a must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	2/16/15	
Signature	Argni	
(By	a director, president or other officer — if directors or officers have not been cted, by an incorporator — if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	DARSH DESAZ	
	(Typed or printed name of person signing)	_
	President / Diver	tor
	(Title of person signing)	