P13000057824

(Requ	uestor's Name)	
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10/31/13--01017--005 **35.00



11/5/13

COVER LETTER

TO: Amendment Section

Division of Corpo	rations		
NAME OF CORPOR	ATION: EXCELL	ENT STAF	FING and Rehal
DOCUMENT NUMB	er: <i>P1300</i>	0005782	4
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
-	Maybe	Name of Contact Person	ON
		Firm/ Company	
	1275W4	47 PL. Suile	415
	Hislesh	FL 33	012.
	· ·	City/ State and Zip Code	2
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
Maybel	Conception	at (305	
′			
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address ndment Section sion of Corporations Box 6327	Amend Division	Address Iment Section on of Corporations Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment
to Standard
Articles of Incorporation FILED
ExactleNT STACEING and Remarket 31 PM 4:11.
(Name of Corporation as currently filed with the Florida Dept. of State)
(Name of Corporation as currently filed with the Florida Dept. of State) P13000057824 SECKLARRY OF STATE TALLAHASSEE, FLORIDA
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new 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) History FL 33012
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1275 W 47 PL. Suite 415 Hisland FL 330/2
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 SANTIAGO AMENANES.
1275W 47 PL. SuiTe 415 (Florida street address)
New Registered Office Address: History, Florida 33012 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:

Thereby 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: X Change	<u>PT</u> <u>John E</u>	<u>Ooe</u>	
X Remove	<u>V</u> <u>Mike J</u>	lones	
X Add	SV Sally S	<u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	<u></u>	SANTIAGO ALMENAMOS	1275 W 47 PL. Suite 415 Histery
Remove 2) Change	<u>_</u>	Alberto A. Ordaz	FL. 33012. 1118 NW 136 CT MiAMI FL 33182
Add Remove 3) Change Add			MIAMI #2 33/82
Remove 4) Change Add			
Remove 5) Change Add Remove			
6) Change Add Remove			

municipality shoets, if necessary).	cles, enter change(s) here: (Be specific)
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Mark 10 10 10 10 10 10 10 10 10 10 10 10 10	
	NA COLUMN TO THE
	nange, reclassification, or cancellation of issued shares,
an amendment provides for an exch	lange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
an amendment provides for an exchorovisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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date this document was signed. $\frac{11}{04} \frac{104}{2013}$	
Effective date if applicable: (no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required. Dated $\frac{10/28/20/3}{}$	
Signature	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Maybel Concepcion.	
(Typed or printed name of person signing)	
Presiden 8.	
(Title of person signing)	