P13000084354

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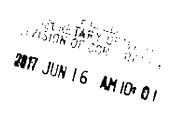
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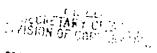


TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: <u>Ex CELCIU</u>	M TAX & FINH	MCIAL SERVICES,	INC
	BER: P 13000 843		·	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MAX H. Saint	Ti U Name of Contact Perso	11	_
	5253 NW 224	AVE		
	5253 NW 33	Firm/ Company		=
		Address		_
	FT LAUDEZDAL	E, FL 3330]	_
		•		
	MAXHSAINTILE	2 GMAIL. Con	1	
	E-mail address; (to be u	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
MAX H.	SAINTIL	a(_ <u>305</u> _		
Name of Contact Person		Area Co	de & Daytime Telephone Numbo	21
Enclosed is a check for	r the following amount made	payable to the Florida Dep	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)	
Mailing Address			Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 I	Executive Center Circle	

Tallahassee, Fl. 32301

Articles of Amendment to Articles of Incorporation of



2017 JUN 16 AM 10: 01

(Name of Corporation as currently t	SERULCES, INC.
P13000084354	
(Document Number of C	orporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this FE its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
EXCELCIUM FINANCIAL TACOname must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	Same As ON FILE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME AS FILLED
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent	
New Registered Office Address: New Registered Office Address:	address), Florida iyy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent—I am familiar wit	h and accept the obligations of the position
Signature of New Reg	estered 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.

X Change	<u>PT</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
ΔX Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change		<i>N</i> /A	
Add			<u> </u>
Remove			
2) Change		<u> </u>	
Add			
Remove		,	<u> </u>
3) Change			
Add			
Remove			
4) Change		~/a	N/A
Add			
Remove			
51 Change			N/*
Add			
Remove			
6) Change		~/ _A	NA
Add			
Remove			

If amending or adding additional Ar (Attach additional sheets, if necessary)	(Be specific)	ST HETE:			
	N/A				
	·				
				·	
If an amendment provides for an exe provisions for implementing the am (ij not applicable, indicate N/A)	change, reclassificationdment if not cont	ion, or cancellatic ained in the amer	on of issued shar adment itself:	<u>rs.</u>	
	N/A				
					
				<u>.</u>	
			 		

The date of each amendment(s) adoption:	<u>04/12/2017</u>	, if other than the
date this document was signed.	/	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	
	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block doe document's effective date on the Department	is not meet the applicable statutory filing require of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s) (9	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for the shareholders was sufficien	the shareholders. The number of votes cast for the or approval.	e amendment(s)
	the shareholders through voting groups. The job ing group entitled to vote separately on the amen	
"The number of votes east for the ar	mendment(s) was/were sufficient for approval	
by/	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/were adopted by t	the board of directors without shareholder action a	
action was not required.		
selected, by an i appointed fiduci	resident or other officers in directors or officers in the hands of a receiver, trustee lary by that fiduciary)	e, or other court
_Mc	(Typed or printed name of person signing)	
Pre	Csident (Title of person signing)	