P1500031942

(Re	equestor's Name)			
(Ad	idress)	-		
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
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Anulad Tainsils

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ____ DOCUMENT NUMBER: P15000031962 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OFELIA MARIA MOREJON RAVELO Name of Contact Person EXCELLENCE PATH INC Firm/ Company 4905 SW 139 CT Address MIAMI FL 33175 City/ State and Zip Code MAYLHI2005@YAHOO.ES E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: OFELIA MARIA MOREJON RAVELO at (786) 523-6580 Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & ■\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



EXCELLENCE PATH INC

(Name of Corpora	tion as currently filed with the Florida Dept. of State)
P15000031962	
(Doce	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:
	The new
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	ord "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A."
B. Enter new principal office address, if applicab (Principal office address MUST BE A STREET AD	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>OX</u>)
D. If amending the registered agent and/or registence new registered agent and/or the new registered	ered office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address;	, Florida
New Registered Office Address,	(City) (Lip Code)
New Registered Agent's Signature, if changing Re	egistered 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>	John Doc		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s	
1)Change	S	MAYLEN FALCON MOREJON	4905 SW 139 CT	
Add			MIAMI FL 33175	
X Remove				
2) Change				
Add				
Remove				
3) Change		<u> </u>		
Add				
Remove				
4) Change				
Remove				
5) Change	 			
Add				
Remove				
6)Change				
Add				
Remove				

. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:

5/21/15 The date of each amendment(s) adoption: , if other t	ham +laa
The date of each amendment(s) adoption:	mii tiie
5/21/15	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	as the
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 east for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(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. 	
5/21/15 Dated 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)	
OFELIA MARIA MOREJON RAVELO	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	