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09/29/21--01014--006 \*\*35.00



A. Butler

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: EXCENTENCE LIVING COXP
DOCUMENT NUMBER: 216000037499
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Yanna Elas Name of Contact Person
Excellence Living Corp Firm/Company
11670 Canal Dr Address
N Mam i FL 33187  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Yaniva     Elias     at (786)     860-7273       Name of Contact Person     Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\ \$\subseteq \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment

to Articles of Incorporation

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Excallence Limni	(NP)
	tly filed with the Florida Bept. of State AM 8: 23
Pibrano3	1499
<del></del>	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this	s Florida Profit Corneration adopts the following amendment(s
s Articles of Incorporation:	5 1 101 Lat 1 10/11 Corporation adopts the following attenument(s
. If amending name, enter the new name of the corporation:	
. It amending hame, enter the new name of the corporation.	
	The new
name must be distinguishable and contain the word "corporation," 'Inc.," or Co.," or the designation "Corp," "Inc," or "Co". 'chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
3. Enter new principal office address, if applicable:	1/670 Canal Drive
Principal office address <u>MUST BE A STREET ADDRESS</u> )	n mani
	FL , 33181
	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1/670 Canal Drive
	w miami
	•
	FL 33181
. If amending the registered agent and/or registered office add	dress in Florida, enter the name of the
new registered agent and/or the new registered office addres	
Name of New Registered Agent	
(Florida st	treet address)
New Registered Office Address:	(City) , Florida (Zip Code)
	(Esp code)
lew Registered Agent's Signature, if changing Registered Agen	ıt:
hereby accept the appointment as registered agent. I am familiar	
Cimenton - CN	Parietavad Agent if alamaina
signature of New 1	Registered Agent, if changing
Check if applicable	
$\square$ The amendment(s) is/are being filed pursuant to s. 607.0120 (11)	) (e), F.S.

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 D	<u>00e</u>	
X Remove	<u>v</u>	Mike J	ones	
_X Add	<u>sv</u>	Sally S	mith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	VF	7 	Sarah Freitas	158)) coi)ns are \$430
Add Remove				Sunny Isles FL 33,60
2) Change	1	<u>L</u> VP	Juan Vasquez	11670 Canal Dave
Add				W. Michi, FL 33181
Remove Change		_		
Add				<del></del>
Remove				
4) Change				
Add				
Remove				<del></del>
5) Change				
Add				<del></del>
Remove				<del></del>
6) Change				
Add				
Remove				

	ets, if necessary).	(Be specific)	ge(s) here:		
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f an amendment pro	ovides for an exc	hange, reclassific	ation, or cancella	tion of issued sha	res,
provisions for imple	ementing the am e, indicate N/A)	endment it not co	ontained in the an	nendment itself:	
(if not applicable					
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The date of each amendment(s) adoption: $9/15/21$ date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this dedocument's effective date on the Department of State's records.	ate will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	ion and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statem must be separately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voling group)	
Dated 9/15/21	
Signature  (By a director of esident or other officer – if directors or officers have not been	<del></del>
selected by an incorporator – if in the hands of a receiver, trustee, or other cou appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Title of person signing)	