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(Requ	estor's Name)	
(Addre	 ess)	<u> </u>
(Addre	ess)	
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DEP PIT 7")

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: EXCELSIOR LAB	BS INC.	
DOCUMENT NUM	D100000EE402		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	RAFAEL APONTE		
		Name of Contact Person	1
		Firm/ Company	
	10750 NW 66TH ST 401		
		Address	
	DORAL, FL. 33178		
		City/ State and Zip Cod	\$
TIT	DAPONTE05@GMAIL.COM	1	
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
RAFAEL APONTE		829 at (204-8665
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	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)
An Di P.C	nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 3230 i

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ntly filed with the Florida De	ept. of State)
P19000055493		
(Document Numbe	r of Corporation (if known)	
ursuant to the provisions of section 607.1006. Florida Statutes, the Articles of Incorporation:	nis Florida Profit Corporation	adopts the following amendment
. If amending name, enter the new name of the corporation:		
N/A		The new
ame must be distinguishable and contain the word "corpord Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o cord "chartered," "professional association," or the abbreviation	r "Co". A professional corpo	porated" or the abbreviation
B. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
. Enter new mailing address, if applicable:		S 6
(Mailing address MAY BE A POST OFFICE BOX)	N/A	# 0 T
		至近
		<u> </u>
). If amending the registered agent and/or registered office a	ddress in Florida, enter the n	ame of the
new registered agent and/or the new registered office addr	ess:	
Name of New Registered Agent		
(Floride	ı street address)	, , ,
None Project and Office Address		, Florida
New Registered Office Address:	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Registered Ag		
hereby accept the appointment as registered agent. I am famili	ar with and accept the obligati	ons of the position.
Signature of Ne	w Registered Agent, if changin	γ

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Ch$ Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer, beld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John [<u>Doe</u>	
X Remove	<u>v</u>	Mike	<u>Jones</u>	
X Add	<u>sv</u>	Sally:	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
i) Change	(23)	D	MELVIN VALERA CARDY	10750 NW 66TH ST
X Add				APT 401
Remove				DORAL, FL. 33178
2) Change				
Add				
Remove				19 SEP
3) Change				P 2
Add				
Remove				<u> </u>
4) Change				·
Add				
Remove				
5) Change				
Add				
Remove				
டு Change				-
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	
	
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	SET OF
	P24
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
N/A	- <u>8</u> 4 - <u>-</u>
	3*
•	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	<u>- — — — — — — — — — — — — — — — — — — —</u>
(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 document's effective date on the Department of State's records.	ill not be listed as t
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 sharehold action was not required.	S
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	24
08/22/2019 Dated	
Signature Defined Parants	
(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)	
APONTE, RAFAEL	
(Typed or printed name of person signing)	
Dalah Aganto, President	
(Tit) of person signing)	- <u>-</u>