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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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N. Culligan AUG 2 9 20131

COVER LETTER

TO: .* Registration Section
Division of Corporations

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole S Champagne

Name of Person

Champagne Creative Development LLc

Firm/Company

7815 W 2nd Ct, Unit 3

Address

Hialeah FL 33014

City/State and Zip Code

nicole@champagnecreative.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

Nicole S Champagne

786 459-2442

Name of Person

Arca Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐\$30.00 Filing Fee & Certificate of Status Q\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE FALLAHASSEE, FLORIDA

Champagne Creative Development LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co		1and assigned
Florida document number L.11000075042	-•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	Is "Limited Liability Company," the designa	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stro	eet address
		ida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Anita Champagne	7815 W 2nd Ct, Unit 3	✓ Add
		Hialeah FL 33014	Remove
MGR	Allan Einstoss	7815 W 2nd Ct, Unit 3	∧dd
		Hialeah FL 33014	Remove
- ·· ·			Add
<u>. </u>	·		AddRemove
			Add
			Remove

,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ed	August 7., 2013.
	Shi I - 2
	Signature of a member of authorized representative of a member Nicole S Champagne
	Typed or printed name of signec

Page 3 of 3

Filing Fee: \$25.00

2013 AUG 28 PH 2:58
SECRETARY OF STATE