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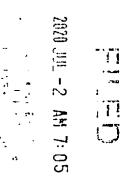
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AUG 1 5 2020 S. YOUNG

COVER LETTER

TO: Registration So Division of Col				
	FIT CHAMPION LLC	·		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MERLE E LANDI			
		Name of Person		
	NONPROFIT CHAMPIO	N LLC		
		Firm/Company		
	210 6TH AVENUE N #6			
		Address		
	ST PETERSBURG, FL 3	3701		
		City/State and Zip Code		
	merle@nonprofitchampion			
	E-mail address: (to be used for future annual report not	ufication)	
For further information of	concerning this matter, please c	all:		
MERLE E LANDI		973 510-7652 at ()		
Name (of Person	Area Code Daytii	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre		Street Address:	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 633	27	The Centre of	Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	ne Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NONPROFIT CHAMPION LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record liability Company)	16.)
The Articles of Organization for this Limited Liability Company Florida document number 1.19000266384	were filed on 10/23/2019	and assigned
This amendment is submitted to amend the following:		05
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	210 6TH AVENUE N #6	
(Principal office address MUST BE A STREET ADDRESS)	be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L. cipal offices address, if applicable: address MUST BE A STREET ADDRESS) ing address, if applicable: s MAY BE A POST OFFICE BOX) the registered agent and/or registered office address on our records, enter the name of the new	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	A.V
		lorida
	Cuy	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOSEPH V LANDI	210 6TH AVENUE N #6	
		ST PETERSBURG, FI, 33701	≣Remove
			□Change
		.	□Add
			□Remove
		 	☐ Change
			□Add
			□Remove
			□Change
		-	□Add
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			□Add
			□Remove
			☐ Change

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Filing Fee: \$25.00