

410000081265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

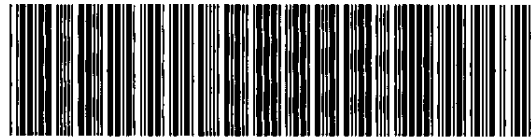
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300185471553

09/17/10--01029--023 \*\*30.00

FILED  
10 SEP 17 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
SEP 20 2010  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHAMP PROPERTY MANAGEMENT, LLC

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:

RICHARD GOLDMAN, MGR

Name of Person

CHAMP PROPERTY MANAGEMENT, LLC

Firm/Company

4424 NW 113TH WAY

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

RGOLDMANFJIPA@LIVE.COM

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

FILED  
10 SEP 17 PM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RICHARD GOLDMAN, MGR

Name of Person

at ( 954 )

829-9055

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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**

**CHAMP PROPERTY MANAGEMENT, 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 Company were filed on 08-03-2010 and assigned  
Florida document number L10000081265.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**FILED**  
**10 SEP 17 PM 4:10**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_. **Florida**

*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**

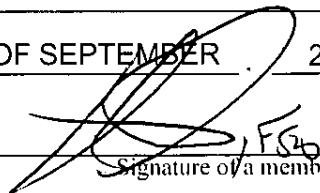
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>                                   | <u>Type of Action</u>                                                      |
|--------------|--------------------|--------------------------------------------------|----------------------------------------------------------------------------|
| MGR          | VINCENT M. BOCCARD | 9604 NW 36 MANOR<br>CORAL SPRINGS, FL 33065      | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | DAN HRIN           | c/o 4424 NW 113TH WAY<br>CORAL SPRINGS, FL 33065 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                    |                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                                  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 15TH DAY OF SEPTEMBER 2010



Signature of a member or authorized representative of a member

RICHARD GOLDMAN, MGR

Typed or printed name of signee

FILED  
10 SEP 17 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA