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(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration So Division of Co				
subject: <u>Коло</u>	or and MT Name of Lim	Ot Grand Chronited Liability Company	impion LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Mike	Karaar Name of Person		
	Kargar & M	J @ Grand Chr	ampion LCC	
	555W-6	ranada Bhal	StPC4	
	Ormand I	3e ach, FC 3	2174 PEC 17 PEC	en (i
	marjan b Ji-mail address: (	kargar @ m50 to be used for future annual report notif	fication)	g gran g i
For further information c	oncerning this matter, please ca	all:		
Marie o	f Person	at (386) (673- Area Code Daytime	e Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 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

Kargar and MT at Grand Champion (CC)

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

(A Florida Limited Liability Company)

·	1 1	
The Articles of Organization for this Limited Liability Co.	mpany were filed on $31212000$	and assigned
Florida document number LO90002063	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
	·	
,		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del>}</del> 22
		1 20
B. If amending the registered agent and/or registered agent and/or the new registered office addre		enter the name of the new
Togistered agent and of the new registered white date		70
Name of New Registered Agent:		2 X 49
watte of New Neglistered Agent.		ω
New Registered Office Address:	Enter Florida street address	, i - <del></del>
	, Flor	ida Zip Code
	Vii.	Dip Court

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>		Address		Type of Ac	<u>tion</u>
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(If an effective da Note: If the d	te, if other than the ate is listed, the date mu- late inserted in this bl frective date on the D	at be specific and o ock does not me	cannot be prior cet the applic	able statutory					
	pecifies a delayed day after the rec		ate, but no	t an effectiv	ve time, at 12	2:01 a.m.	on the e	earlier	r of:
Dated De	cember 1	3	2018	<u>-</u>					

Page 3 of 3

Filing Fee: \$25.00