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B. KOHR

MAY 25 2010

**EXAMINER** 

SWINDEN OF CORPORATION

## **COVER LETTER**

TO:	Registration S Division of Co	ection rporations		
SUBJE	FCT•			
SOBJ	BC1.		ted Liability Company	10 MAY 24 PA
The en	iclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.	22
Please	return all corresp	ondence concerning this matter	to the following:	<b>I</b>
		F	RENEE DELAPLAINE Name of Person	
Name of Person				
CHAM		CHAM	PAGNE DELAPLAINE LLC	
			Firm/Company	
1		10	LA GORCE CIRCLE	
<del></del>			Address	
	MIAMI BEACH FL, 33141			
City/State and Zip Code				
	RDELAPLAINE@ME.COM			
			to be used for future annual report noti	fication)
For fu	rther information	concerning this matter, please of	call:	
	RENE	E DELAPLAINE	at ( 305 )	798-5643
	Name .	of Person		ne Telephone Number
Enclos	sed is a check for	the following amount:		
<b>▼</b> \$25	5.00 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		ration Section on of Corporations Box 6327	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## DELAPLAINE CHAMPAGNE 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 AUGUST 3, 2009 and assign L09000074568 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CHAMPAGNE DELAPLAINE LLC 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) 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, <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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Damara		
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	_		Add		
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D. If a	mending any other informat	ion, enter change(s) here: (Attach additional shee	ets, if necessary.)		
			·········		
Dated _	MAY 20				
	RENEE 1	ature of a member or authorized representative of a me	ember		
		Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00