

109000106921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

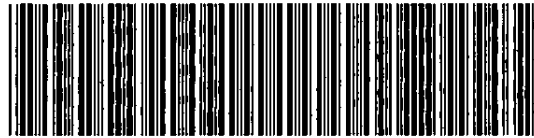
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900162656559

11/23/09--01022--011 \*\*25.00

FILED  
2009 NOV 23 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

NOV 24 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Champion Auto Brokers  
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:

Yoan Mederos  
Name of Person  
Owner, Manager, President  
Firm/Company  
5600 Collins Ave Apt #17W  
Address  
Miami beach FL 33140  
City/State and Zip Code  
Championautobroker@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yoan Mederos at (201) 218 3753  
Name of Person Area Code & Daytime Telephone Number

2009 NOV 23 AM 11:29  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**

**CHAMPION AUTO BROKERS 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 11/05/2009 and assigned  
Florida document number L09000106921.

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)

**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

**MGR = Manager**  
**MGRM = Managing Member**

MGR Yomar Medeiros 5600 Collins Ave Apt #17W ☒ Add  
Miami Beach FL 33140 ☐ Remove

MGR Your Medicos  
5600 Collins Ave Apt 417W  
Miami Beach FL 33140

MOR Yoran Mederos 5600 Collins Ave Apt#17W ☒ Add  
Miami beach FL 33140 ☐ Remove

MGR Yoaq Medeiros 5600 Collins Ave Apt# 17W ☒ Add  
Miami beach FL 33140 ☐ Remove

MGR BRANDA BART 5600 COLLINS AVE APT#17W ☐ Add  
MIAMI BEACH FL 33140 ☒ Remove

MGR BRINDA BART 5600 COLLINS AVE APT#17W ☐ Add  
MIAMI BEACH FL 33140 ☒ Remove

---

---

---

---

---

Dated 11/18/09, \_\_\_\_\_

Y. oar Mar  
Signature of a member or authorized representative of a member

Page 2 of 2

**Filing Fee: \$25.00**

FILED  
2009 NOV 23 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA