L1000	2081265	
(Requestor's Name) (Address) (Address)	600184942316	
(City/State/Zip/Phone #)	09/08/1001021004 **30.00	
(Document Number)	FILED 10 SEP - 8 PM 4: SECRETARY OF ST TALLAHASSEE, FLC	
G. MCLOHECOD	PH 4: 15 EE, FLORIDA	
SEP 9 - 2010 EXAMINER	}	

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		COVER LETTER	
TO: Registration Division of C			
t SUBJECT:	CHAMP PROPER	RTY MANAGEMENT, LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		RICHARD GOLDMAN	
		Name of Person	
	CHAMP PF	ROPERTY MANAGEMENT, LLC	
		Firm/Company	
		4424 NW 113TH WAY	
		Address	
v	COF	RAL SPRINGS, FL 33065	
	BCCI	City/State and Zip Code	
	E-mail address:	_DMANFJIPA@LIVE.COM (to be used for future annual report notification)	
For further information	concerning this matter, please	call:	
RICH	IARD GOLDMAN	at (_954_)829-9055	
Name	e of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount:		
■\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	osed)
	LING ADDRESS: stration Section sion of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations	

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)

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 "Limit "L.L.C."	ted Liability Company." the designation "L+C" or the	abbreviation
Enter new principal offices address, if applicable:		1
(Principal office address MUST BE A STREET ADDRESS)		
	FLST L	D
Enter new mailing address, if applicable:	ATE 5	ļ
(Mailing address MAY BE A POST OFFICE BOX)	>	

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

Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		· •····
	Ente	r 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</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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Title	<u>Name</u>	Address	Type of Action		
<u>mgrm</u> Mi	MICHAEL HENRY MCBRAN CHAEL HENRY MCBRANN	C/O 4424 NW 113TH WAY CORAL SPRINGS, FL 33065	7 Add Remove 		
	·		Add Remove		
			Add Remove		
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_		
			_		
		-	_		
Dated	4, SEPTEMBER 201				
Signature of a member or authorized representative of a member RICHARD GOLDMAN					
		r printed name of signee			
Page 2 of 2					

Filing Fee: \$25.00