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SECRETARY OF STATE COMPORATION

T. HAMPTON

DEC 1 6 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Champino's 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:
S. Anthony D.M. 110 Name of Person
Champino's LLC. Firm/Company
6617 North Socrum Loop Rd
Lakeland, FLorida 33809 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
S. Anthony D. M. 110 at (863) 409-9933 Name 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 Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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



TO DEC 15 PM 12: 18

(hampino's	L.L.C.		
(Name of the Limited Liab) (A Florid	ity Company as it now appear a Limited Liability Company)	's on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	eptember 29, 2010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the v "L.L.C."	vords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	**		
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			

B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	271		
	Enter Florida street address		
	City	, Florida 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 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 = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Hneey Choucherse	683 Hunters Run Blud Lakeland, FL 33809	Add Remove
M6RM	Maria B Choucherne	683 Hunters Run Blud Lakeland, Fr. 33809	Add Remove
			Add Remove
			Add Remove
	***************************************		Add Remove
			Add Remove
D. If ame	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	1 1 1 4 SECTION OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			SNOLLY STATE
Dated	5. Anthony DIN	or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00