111000010215

(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



400210811004

08/15/11--01015--003 **25.00

11 AUG 15 AH II: 12

B. BOSTICK
AUG 1 7:2011
EXAMINER

COVER LETTER

TO: Registration S Division of Co		*				
SUBJECT: Grand Champion II, LLC						
		ited Liability Company				
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	ondence concerning this matte	r to the following:				
		Jesse P. Killebrew Name of Person				
		Name of Telson				
Grand Champion II, LLC						
		Firm/Company				
St. Augustine, FL 32084 City/State and Zip Code				Ti.		
		alsopinc@aol.com to be used for future annual report notificati			11 AUG	22 88 24 5 24
For further information	E-mail address: (concerning this matter, please of		on)	FALLAHASSET	ن ار	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS
Δr	drew Norgart	at (904) 53	5-9759	120 Cu ²¹		- 6
	of Person	Area Code & Daytime Te	lephone Number	ORIDA A	12	
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate Certified (additional	e of Stat Copy		sed)

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

Grand Ch	ampion II, LLC	,			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appeted Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability Comp	oany were filed on _	June 16, 201	11	and as	signed
Florida document number <u>L11000070215</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company h	ere:			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Com	pany," the designation	on "LLC"	or the	abbreviation
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS	<u> </u>		FC	^ <u>}</u>	
			<u> </u>	AUG G	1 1
			55 C	CT	
Enter new mailing address, if applicable:			-11 €	7:	, # ii
Mailing address MAY BE A POST OFFICE BOX)			LORIDA		
			SO IF	2	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	l office address on <u>here</u> :	our records, ent	er the n	ame (of the new
Name of New Registered Agent:					
New Registered Office Address:					
	E	Inter Florida street	address		
	· · · · · · · · · · · · · · · · · · ·	, Florida			
	City		Zi	p 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> 77 Saragossa Street St. Augustine, FL 32084 MGR_ **Andrew Norgart** ✓ Add Remove ☐ Add Remove Add Remove Add Remove \square Add ____Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _____August 11 Signature of a member or authorized representative of a member Jesse P. Killebrew Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00