

L12000013979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

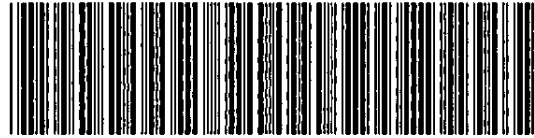
(Business Entity Name)

(Document Number)

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 13 2012

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: CHAMPION FACILITY SERVICES, 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:

AMANDA EASON

Name of Person

CHAMPION FACILITY SERVICES, LLC.

Firm/Company

895 W AMERICAN EAGLE DRIVE

Address

ST AUGUSTINE, FL 32092

City/State and Zip Code

AMANDAEASON@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMANDA EASON

Name of Person

at ( 904 )

334-3273

Area Code & Daytime Telephone Number

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

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STATE  
TALLAHASSEE  
FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CHAMPION FACILITY SERVICES, 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 JANUARY 30, 2012 and assigned  
Florida document number L12000013979.

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)

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STATE  
TALLAHASSEE, FLORIDA

**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:

AMANDA J EASON

New Registered Office Address:

895 W AMERICAN EAGLE DRIVE

*Enter Florida street address*

ST AUGUSTINE

Florida

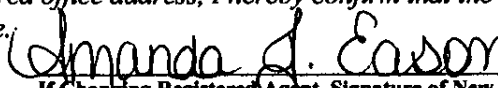
32092

*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, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WESLEY B CHAMP	895 W AMERICAN EAGLE DRIVE ST AUGUSTINE, FL 32092	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	AMANDA J EASON	895 W AMERICAN EAGLE DRIVE ST AUGUSTINE, FL 32092	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	AMANDA J EASON	895 W AMERICAN EAGLE DRIVE ST AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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12 MAR 12 PM 2:12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Dated March 7, 2012.

Wesley B. Champ / Amanda J. Eason  
Signature of a member or authorized representative of a member  
Wesley B. Champ / Amanda J. Eason  
Typed or printed name of signee