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EXAMINER



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SENTE IASY OF SENTE

**COVER LETTER** 

TO: Registration Section , , Division of Corporations
SUBJECT: Champion Electric Solutions 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:
Stephen Champion Name of Person
Champon Electric Solutions UC
3770 Suntree BLVD Unit 1115
Melbourne, FL 32940 City/State and Zip Code
Championelectnic att net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nina Champion at (321) 794-6415  Name of Person Area Code & Daytime Telephone Number
Stephen Champion (321) 698-6339
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)  \$55.00 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

Chambian Electric Sc (Name of the Limited Liability Compa (A Florida Limited L	NU As it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Champion Electrical Solution	ns. LC	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applicable:	3270 Suntree Blud	12 /
(Principal office address MUST BE A STREET ADDRESS)	unif 1115	PR PR
	melbourne, FL 329	40 = -
	្ត	
Enter new mailing address, if applicable:	3270 Suntree Blue	
Mailing address MAY BE A POST OFFICE BOX)	unit 1115	灣 5
	melborne, FL 3294	<del>1</del> 0
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the N/A	e name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess ———————————————————————————————————
	, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
·			Add Remove
	<u> </u>		Add Remove
<del></del>			Add Remove
			<del>-</del>
. If amend	ling any other information, ent	er change(s) here: (Attach additional shee	ts, if necessary.)
			·····
	ri 13 <sup>th</sup>	, <u>2012</u> .	·
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Filing Fee: \$25.00