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SECRETARY OF STATE
TALL AND SESEF FLORID

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Champuns Breed Champuns 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:	
Justin Edwards Name of Person	
Champions Breed Champions, UC Firm/Company	
1662 Autumnwood Street	
Tayon Sonnaso, FC 34689 City/State and Zip Code City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Justin Edward's at (727) 2389057 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 Certificate of Certified Copy (additional copy is enclosed) \$60.00 Filing Fee & Certified Copy (additional copy is enclosed)	f Status & py

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

	MS Breed Champins LL Ability Company as it now appears on our records, or	<u></u>	
The Articles of Organization for this Limited Liabilit		and assi	igned
This amendment is submitted to amend the following	ţ:		
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 AD	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	· 	<i>≥</i>	of the new
		4 SEP	4. 3.20° g 4. 42
Name of New Registered Agent:		\$\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	ENEWS
New Registered Office Address:			Specials:
	Enter Florida street address , Florida	111:5 F S 1% F 1,0K	
	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Sarah Edwards	1662 Autumnwood St	Add
		1662 Autumnwood St Tarpon Spring Fe346	Remove
			☐ Remove
			□ Remove
		: <u></u> ; E:	Add
		LAHASSEE	Remove SEP 22
			DRAdd 1
			□ Add
			_□ Remove

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Deptember 91, 2019.	1 1 1 -	S ala li i Ot	2001
11/1000	$A \cup A = .$	Deptember of,	_2019.
	(d. Ku Gille		
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member		Ku GIII

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Filing Fee: \$25.00

SECRETARY OF STAR