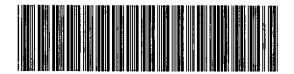
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(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	<i>‡</i>)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)
(D	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Division of C		• •	*
	PIONS FUNDING, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Matthew J. Monaghan, Es	eq.	
		Name of Person	
	Cantwell & Goldman, P.A	۸.	
		Firm/Company	
	96 Willard St , #302		
		Address	
	Cocoa, FL 32922		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	cation)
For further informatio	n concerning this matter, please c	all:	
Matthew J. Monaghan	n, Esq.	321 639-1320 at ()	
Nam	e of Person		Telephone Number
Enclosed is a check fo	r 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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAMPIONS FUNDING, LLC					
(Name of the Lim	ted Liability Company (A Florida Limited Liab	as it now appears on o ility Company)	our records.)		
he Articles of Organization for this Limited L	Liability Company we	ere filed on 03/06/2	013	and as	signed
orida document number L13000034676	·				
his amendment is submitted to amend the fol	lowing:				
If amending name, enter the new name of	of the limited liabilit	y company here:			
e new name must be distinguishable and contain the	words "Limited Liability	Company," the designa	ation "LLC" or the ab	breviation "I	L.C."
iter new principal offices address, if appli	cable:				, <u>-</u> .
rincipal office address MUST BE A STRE	ET ADDRESS)			∑ er -	
	_			5-6	<u> 4 </u>
				HAS	T)
ter new mailing address, if applicable:	_			ñn∙<	ω f
ailing address MAY BE A POST OFFICE	BOX)			79	<u> </u>
				3 >	<u> </u>
	_				-1
If amending the registered agent and gistered agent and/or the new registered of		e address on our	records, enter	the name	of the
Name of New Registered Agent:	COMMUNITY CI	HAMPIONS CORPO	DRATION		
New Registered Office Address:	6767 N. WICKHA	M ROAD, SUITE 5	00		
		Enter Florida st	reet address		
	MELBOURNE		, Florida	940	
		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 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 David Mulberry

CEO, COMMUNITY CHAMPIONS CORPORATION Page 1 of $\boldsymbol{3}$

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	COMMUNITY CHAMPIONS CORPORATION	6767 N. WICKHAM ROAD, SUITE 500	■ Add
		MELBOURNE, FL 32940	□ Remove
		-	Change
MGR	DARNELL, THOMAS R	6767 N. WICKHAM ROAD, SUITE 500	
		MELBOURNE, FL 32940	Remove
			Change
			AHASSE OF BIANCE
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change

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		STATE CONSTITUTE OF THE CONSTI	N _m , s
		→ · · · · · · · · · · · · · · · · · · ·	
(If an effective date is listed, Note: If the date inserte	than the date of filing:	(optional) g or more than 90 days after filing.) Pursuant to 605. y filing requirements, this date will not be liste	.0207 (3)(ed as the
f the record specifies a b) The 90th day afte	delayed effective date, but not an effect the record is filed.	tive time, at 12:01 a.m. on the earlie	er of:
Dated August 28	, 2015		
	noth		
	Signature of a member or authorized represer	ntative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00