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SECRETARY OF STATE

JUL 1 5 2013 J. BRYAN

COVER LETTER

TO:

Registration Section / Division of Corporations

SUBTRAT

Billy Thompson Champion Training 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:

William Thompson

Name of Person

Billy Thompson Champion Training

Firm/Company

10678 Palm Spring Drive

Address

Boca Raton, FI 33428

City/State and Zip Code

pastorbilly8@gmail.com

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

For further information concerning this matter, please call:

William Thompson

_561 **\644-8603**

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

□\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Billy Thompson Chmapi	on Training	LLC.	
(Name of the Limited (A	Liability Compan Florida Limited L	y as it now appears on our records. iability Company))
The Articles of Organization for this Limited Li Florida document number L13000055947	ability Company		and assigned
This amendment is submitted to amend the following	•		FILE 2013 JUL 12 SECRETAS
A. If amending name, enter the new name of	the limited liabi	lity company here:	到して
n/a			7 % M
The new name must be distinguishable and end wit "L.L.C."	h the words "Limit	ted Liability Company," the designation	on "LLC" or the abtoreviation
Enter new principal offices address, if applications	able:	n/a	
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	n/a	
B. If amending the registered agent and/or registered agent and/or the new registered of			er the name of the new
Name of New Registered Agent:	n/a		
New Registered Office Address:	n/a		
		Enter Florida street	address
		, Florida	a
		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>	Address	Type of Action
MGRM	William Thompson Sr	10678 Palm Spring Drive	Add
		Boca Raton, FI 33428	Remove
MGR	Cynthia Thompson	10678 Palm Spring Drive	
		Boca Raton, Fl 33428	Remove
MGR	William Thompson Jr	10678 Palm Spring Drive	
		Boca Raton, FI 33428	Remove
MGR	Mercedes Thompson-Alexis	10678 Palm Spring Drive	Add
		Boca Raton, FI 33428	Remove
		ALLAHASS	SEDRE Remove
		ORIDA	Remove

D. If amending any other information, ent	tter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
luly 10	2012
Dated July 10	<u>2013</u>
Willet	7-10-13
, -	if a member or authorized representative of a member
William Thompson	,
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUL 12 PM 1: 16