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COVER LETTER

	Registration Se Division of Cor			
end ica		N'S FLORIDA LLC.		
SUBJEC	,1;	Name of Lin	nited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		YVETTE RASHID		
			Name of Person	
	Name of Person UNIVERSAL ACCOUNTING & FINANCIAL SERVICES INC. Firm/Company 2691 E OAKLAND PARK BLVD STE 302 Address FORT LAUDERDALE, FL 33306 City/State and Zip Code INFO@UNIVERSALACCOUNTINGFINANCIAL.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: ETTE RASHID Name of Person Area Code Daytime Telephone Number Dosed is a check for the following amount:			
			Firm/Company	
		2691 E OAKLAND PARK	CBLVD STE 302	
			Address	
		FORT LAUDERDALE, F	L 33306	
		INFO@UNIVERSALACCO		-
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information c	oncerning this matter, please ca	all:	
YVETTE	RASHID			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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

CHAMPION'S FLORIDA LLC.		
(<u>Name of the Limited Liability</u> (A Florida E	Company as it now appears on ou limited Liability Company)	r records.)
the Articles of Organization for this Limited Liability Colorida document number 1.15000086109	mpany were filed on $\frac{05/14/201}{}$	5 and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		2019
Mailing address MAY BE A POST OFFICE BOX)		
		20 .
 If amending the registered agent and/or registe egistered agent and/or the new registered office addre 	ered office address on our r ess here:	records, <u>enter the name</u> 前 the 二
Name of New Registered Agent:		•
New Registered Office Address:		
	Enter Florida stree	t address
		Florida
	Cúy	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 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>	<u>Address</u>	Type of Action
MGR	PEDRO DORREGO	500 RANCH ROAD WESTON, FL 33326	
			■ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			O Add
			Remove
			□ Change
			
			Remove
			Change
			Add
			□ Remove

PEDRO DORREGO.			· <u></u>	
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to add to the state of the stat				
ective date, if other than the date effective date is listed, the date must be	specific and cannot be pr	ior to date of filing or	more than 90 days after	filing \ Pursuant to 605 01
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ament's cricetive date on the trepar	unent of State's recor	us.		
record specifies a delayed ef	fective date, but	not an offoctive	time at 13.01 -	
he 90th day after the record	is filed.	not all effective	: time, at 12:01 a	.m. on the earlier
ed <u></u>	2019			
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/Ac 2 : /)	A 20 3			
	Orrego.			
_Jose D	nature of a member or au	nhorized representati	ve of a member	

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Filing Fee: \$25.00