## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000213000 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Fhone : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHAMPION BREEDERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

HISEP 0 4 2015

J SHIVERS

## **COVER LETTER**

TO:	Registration S Division of Co			
C1 90 107	CHAMP	ION BREEDERS, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	losed Articles o	fAmendment andfec(s) are sub-	mitted for filing.	
Please re	eturn all corres	pondenceconcerning thismatter	to the following:	
		Cheyenne Moseley		
			Name of Person	and the state of t
		Legalzoom.com, Inc.		
Firm/Company				
		100 W. Broadway Suite	100	
	Address			
		Glendale, CA 91210		
			Ciry/State and Zip Code	
		thechampionbreeders@g	mail.com to be used for future annual reportno	(ilication)
For furth	ner information	concerning thismatter, please co		,
Imelda	Imelda Vasquez  at ()  Name of Person  Area Code  Dayting Telephone Number			•
	Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed	đ is u check for	the following amount:		
□ \$25.	00 Filing Fee	☐ \$30.00 Filing Fee& Certificate of Status	S55.00 Filing Fee& Certified Copy (additional copy is enclosed)	□ \$60.00 FilingFee, Certificate of Status & Certified Copy (additional copy isenclosed)

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

( <u>Nameof the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our re- lability Company)	cords.)	
The Articles of Organization for this Limited Liability Company were filed on 07202015 and assigned Florida document number 1.1500012372			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company here:		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation	"LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	4.
(Principal office address MUST BE A STREET ADDRESS)		ران محمد المران المران	S S S
		\$ -4 \$\frac{1}{2}\$	υ :
Enter new mailing address, if applicable:		770	TODA STREET
(Muiting address MAY BE A POST OFFICE BOX)			all and a
		<u> </u>	~ <u>~</u>
B. If amending the registered agent and/or registered of		ords, <u>enter th</u>	ie name of the
registered agent and/or the new registered office address here	•		
Name of New Registered Agent:			الاشتناء ووروز ورماها البويوسيور
New Registered Office Address:			
	Enter Florido street address		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	ee to act in this capacity	I further gare	e to comply with

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

化.

If amending the Managers or Authorized Memberon our records, enterthe 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	Tyler Schrier	310 Franklin Club Drive Apt. 3205	<b>Ø</b> Add
		Delray Beach, FL 33483	□ Remove
AMBR	Salman Kamal	12693 NW 9th Street	<b>∑</b> Add
		Coral Springs, FL 33071	□ Remove
AMBR	COURTNEY SCHRIER	310 FRANKLIN CLUB DRIVE #3205	□ Add
		DELRAY BEACH, FL 33483	☑ Remove
			□ Add
		<u>.                                    </u>	□ Remove
			□ Remove
			Add
			☐ Remove

	If amending		561278325Ø information, enter change(s) ho	FEDEX SFFICE 1598 ere: (Attach additional sheet	s, y necessory.)	PAGE	03/05
E.	Effective dat (The effective data the date this do	e, if other te must be spo cument is life	than the date of filing: wife, cannot be prior to date of receipt o d by the Florida Department of State)	ir filed date and cannot be more than	(optional) 190 day : tien		
	Dated	2/2	-/w - (all Dame)			<del></del>	
			<i>y</i> 1	thorized representative of a membrane.	er		
	••••			nterl name of signee			

Page 3 of 3

Filing Fee: S25.00