4500202134

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SECRETARY OF STATE

WAN 28 2016

COVER LETTER

TO: Registration Solution of Col				
Support Ch	nampions, LLC			
SUBJECT.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Andrea Jackson			
		Name of Person		
	Support Champions, LLC			
		Firm/Company	 	
	11800 N. Florida Ave. P.	O. Box 82127		
	•	Address		
	Tampa, Florida 33682	¥v		
		City/State and Zip Code		,
	scarise@outlook.com		1018 1018	
	E-mail address: ((to be used for future annual report notific	ation)	j.
For further information of	concerning this matter, please c	all:	SECRE DARY ALLAHASSE	
Andrea Jackson		813 997-6288 at ()	ם מיים	
Name o	f Person	Area Code Daytime	Felephone Number 5 5 5 8	
Enclosed is a check for the	he 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 enclose	

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

Support Champions, LLC	
(Name of the Limited Li (A F	lability Company as it now appears on our records.) lorida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number L15000202134	ity Company were filed on Dec. 03, 2015 and assigned
This amendment is submitted to amend the followin	ng:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain 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 A	DDRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX	<u> </u>
Manning undress MAT BE A TOST OFFICE BOX	<u> </u>
B. If amending the registered agent and/or r	registered office address on our records, enter the name of the new
registered agent and/or the new registered office :	address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida 🚉 🔾 🚤
Naw Desistand Agent's Signature if share's Desistant	City Dis Zip Code
New Registered Agent's Signature, if changing Regist	, o
provisions of all statutes relative to the proper an accept the obligations of my position as registere	ent and agree to act in this capacity. I further agree to comply with the nd complete performance of my duties, and I am familiar with and a dagent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability age.

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>	Name	<u>Address</u>	Type of Action
MGR	Andrea Jackson	10610 N. 30th St. Apt. 46 H	■ Add
		Tampa, Fl. 33612	□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			A SECRET
			ASSET Change
			STA TO Add
			☐ Remove☐ Change
			□ Remove
			☐ Change

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	•
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of f te: If the date inserted in this block does not meet the applicable statut cument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0 tory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effe he 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlie
ed December 10, 2015.	
/	
Signature of a member or authorized repre	esentative of a member

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Filing Fee: \$25.00