L11000054328

	(Requestor's Name)				
(Address)					
	(Address)				
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Champions Madia Group 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:
Andres Marguina
Champions Media LLC Firm/Company
340 W Flagler St. Apt 1603
Miami FL 33130 City/State and Zip Code
E-mail address: (to be used for Nature annual report notification)
For further information concerning this matter, please call:
Andres Marguing at (786) 683-3104 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee
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

1740 1740

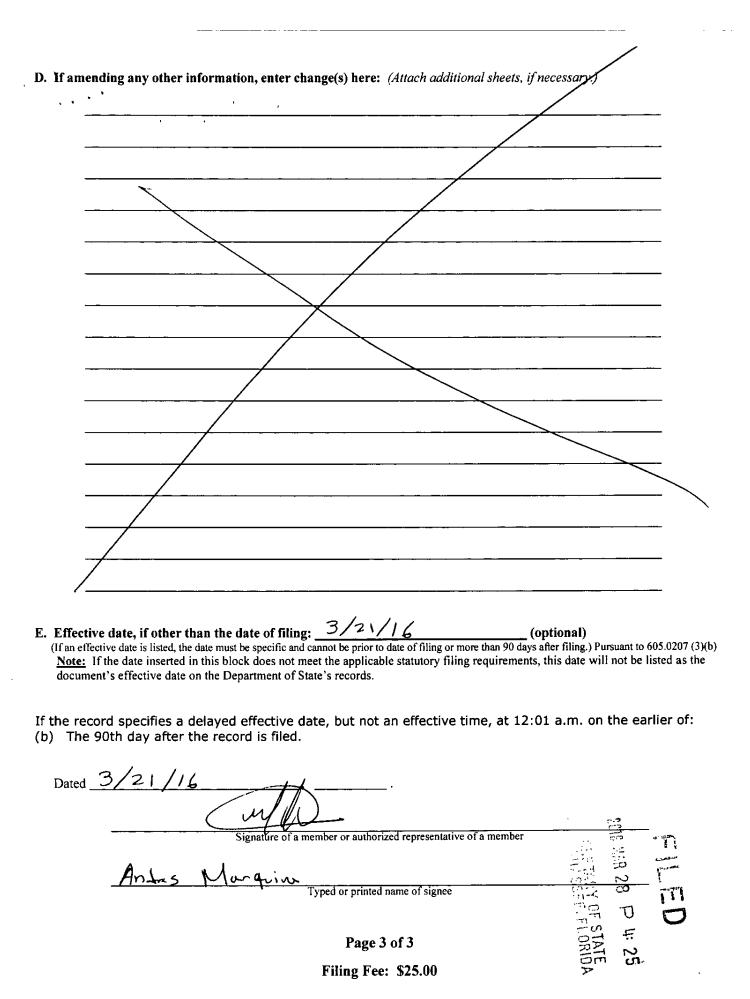
ARTICLES OF C	ORGANIZATION
0	F H
(Name of the Limited Liability Compa (A Florida Limited)	a Group LLC ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on 03/16/20/25 and and assigned
Florida document number <u>L 1600005432B</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	——————————————————————————————————————
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	\sim
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
	1/0
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

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 = MAMBR = A	Anager Authorized Member	•				
<u>Title</u>	<u>Name</u>		Address	Type of Action		
MGR_	Omar Er	nrique Charcous	se 340wflagter St Apt 1603 Miami,	TAdd		
		-	Apt 1603 Miami,	FL. 33130 Remove		
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