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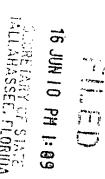
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	gistration Sec vision of Corp			
eun irct.	Holland Hou	use of Champions		
SUBJEC1:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return	n all correspor	ndence concerning this matter t	o the following:	
		Yvonne Holland		
			Name of Person	
		Holland House of Champio	ns LLC	
			Firm/Company	
		P.O Box 280398		
			Address	
		Tampa, Florida 33682		
			City/State and Zip Code	
	•	hollandhouse227@gmail.com	n o be used for future annual report not	
For further i	nformation co	ncerning this matter, please ca	·	nicanon)
Yvonne Ho	lland		904 472-0678 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for the	e 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

Holland House of Champions	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) bited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on Holland House of Champions and assign
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Holland House of Champions LLC	
The new name must be distinguishable and contain the words "Limited I	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 ADDRESS	<u> </u>
Enter new mailing address, if applicable:	P.O. Box 280398
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, Florida 33682
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Z.p 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>	Name	Address	Type of Action
AMBR	Yvonne Holland	P.O. Box 280398	<u></u> ■ Add
		Tampa, Florida 33682	Remove
			☐ Change
MGR	Yvonne Holland	P.O. Box 280398	⊒ Add
		Tampa, Florida 33682	☐ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add 66 Company of the
			SEE, FLORRI
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Effectiv	date, if other than the date of filing:	(optional)	SS O
Note: 1	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 the date inserted in this block does not meet the applicable statutory filing requirem	days after filing.) Pu	Inot be listed as the
docume	t's effective date on the Department of State's records.	WO.	
	rd specifies a delayed effective date, but not an effective time, at 0th day after the record is filed.	12:01 a.m. on	(m) (G)
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1	ne 7		
	ne 7 , 2016, Calland		
10	Signature of a member or authorized representative of a memb	нег	

Page 3 of 3

Filing Fee: \$25.00