LIG 000 101065

(Requestor's Name)	
(Address)	<u>-</u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
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COVER LETTER

Divi	sion of Cor	porations		
	СНАМРЮ	N PARK ORLANDO LLC		
SUBJECT:		Name of Limited Liability Company		
The analysed	Articles of	Amendment and fee(s) are sub	mitted for filing	
			_	
Please return	all correspo	ndence concerning this matter	to the following:	
		Nelson Medina Mateus		
			Name of Person	
		c/o Karen Salinas		
	Firm/Company 300 Diplomat Parkway # 603 Address			
		Hallandale Beach, FL 330	09	
			City/State and Zip Code	
		PRODUCMEDINA@hotm	ail.com to be used for future annual report notific	ention)
For further in	formation c	oncerning this matter, please of		actory
Nelson Medi			305 883.6238	
			at (,)	
	Name o	f Person	Area Code Daytime	Felephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ing Addres		Street Address:	:
	istration S ision of C	orporations	Registration Sect Division of Corpo	

P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Zip Code

CHAMPION PARK ORLANDO LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000101065</u> .	were filed on May 24, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new register
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

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

21 MAY 17 AH 8: 59

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Carolina M. Coello Maduro	300 Diplomat Parkway #603	≣ Add
		Hallandale Beach, FL 33009	□Remove
			Change
AMBR Nelson Medina	300 Diplomat Parkway #603	□Add	
	Hallandale Beach, FL 33009	□Remove	
			∃ Change
		□Add	
			□Remove
		□Change	
			□ Add
		□Remove	
			□Change
	~	□Add	
			□Remove
			Change
			□Add
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			□Change

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lf an cfl <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	May 11 2021
Dated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00