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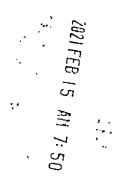
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations							
	Bobcat & excavator Services, I	LLC					
SUBJECT:	Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return an correspo	ondence concerning this matter	to the following:					
	Carlos Kattengell						
	Name of Person						
	Champion Bobcat & excavator Services, LLC						
	Firm/Company						
	14300 NE 5th AVE.						
	Address						
	Miami, FL 33161						
	City/State and Zip Code						
	championofmiami@gmail.c						
		to be used for future annual report not	ification)				
For further information c	oncerning this matter, please c	all:					
Zulay Vivo 305 781.4998 at ()							
Name of Person			ne Telephone Number				
Enclosed is a check for the	ne 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:		Street Address:					
Registration Section Division of Corporations		Registration Section Division of Corporations					
P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 FEB 15 AM 7: 50 Champion Bobcat & excavator Services, LLC (Name of the Limited Liability Company as it now appears on our records.) - (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05.27.16 and assigned Florida document number ______116000104058 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Champion Design and Landscaping II, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 14300 NE 5th AVE. Enter new principal offices address, if applicable: Miami, FL 33161 (Principal office address MUST BE A STREET ADDRESS) 14300 NE 5th AVE. Enter new mailing address, if applicable: Miami, FL 33161 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or 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

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 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			to the state of th		
<u>Title</u>	Name	Address	2021 FEB 15 AH 7:50	Type of Action	
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Typed or printed name of signee