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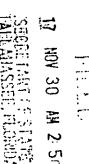
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COVER LETTER

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	istration Section of Corpo						•
eun iezer.		DISAE	BILITY	CH.	AMPIO	NS LL	С
SUBJECT:			me of Limited			<u> </u>	****
The enclosed	Articles of An	nendment and fee(s) are submitte	ed for fili	ng.		
Please return	all correspond	ence concerning th	is matter to th	e followi	ng:		
			KARL	E.	PEARS	ON	
				Name o	f Person		
			PEAR	SON	BITM	AN LL	P
			<u> </u>	Finn/C	ompany		
		485 N.	KELLI	ER R	D., S	UITE	401
				Add	iess		
		M	AITLA	ND,	FL 32	751	
			С	ity/State or	nd Zip Code		
					SONBI		
		E-mail	address: (to be	used for t	uture annual re	port notificatio	n)
For further in	iformation con-	cerning this matter	, please call:				
KARL	E. PH	EARSON		at (63 ر 107	36-389	97 phone Number
	Name of P	erson		Are	ra Code	Daytime Tele	phone Number
Enclosed is	check for the	following amount:					
☼ \$25.00 F	iling Fee	□ \$30.00 Filing I Certificate of		Certifi	Filing Fee & ied 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

	Y CHAMPIONS LEC		
(Name of the Limite (l Liability Company as it now арро A Florida Limited Liability Company	ears on our records.)	 -
The Articles of Organization for this Limited Lia Florida document number <u>L16000171388</u>	bility Company were filed on	09/14/2016	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :	
THE DISABILITY CHAMPIONS L	LC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica			
Trinciput office unificas MOST BE /1 STREET	Annicos,		≥公 运
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E			NOV 30 AM
B. If amending the registered agent and/oregistered agent and/or the new registered off	r registered office address ice address here:	on our records, <u>ent</u>	er the name of the nev
Name of New Registered Agent:	KARL E. PEARSON		
New Registered Office Address: 485 N. KELLER RD., SUITE 401			
New Negistered Office Audiess.	Enter F	lorida street address	****
	MAITLAND	, Florida	32751
	City	, 101101	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.

Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

	MGR = Ma $AMBR = Au$	nnager athorized Member		
Remove	<u>Title</u>	<u>Name</u>	Address	Type of Action
Change				
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amending any other information, enter change(s) here: (Attach additional sheets, if n	•
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fective date, if other than the date of filing:	ptional) fter filing.) Pursuant to 605.020 this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:0 The 90th day after the record is filed.	1 a.m. on the earlier o
November 6, 2017.	TALLAHA
Signature of a member or authorized representative of a member	7 1 1 4 W 30 ASSE
Signature of a member of authorized representative of a member	
MICHAEL REESE	

Page 3 of 3

Filing Fee: \$25.00