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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Championsgate Restaurant Management 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:

Agnes Chau
Name of Person
Law Offices of Agnes Chau, P.A.
Firm/Company
716 E. Colonial Drive
Address
Orlando, FL 32803
City/State and Zip Code
amc@agneschaulawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Agnes Chau 407 648-0880
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Championsgate Restaurant Management 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 10/18/2016 and assigned
Florida document number L16000192514.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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)

8298 ChampionsGate Blvd

ChampionsGate, FL 33896

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8298 ChampionsGate Blvd

ChampionsGate, FL 33896

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:

Jian Zhong Chen

New Registered Office Address:

8298 ChampionsGate Blvd

Enter Florida street address

ChampionsGate

City

, Florida 33896

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.

Jian Zhong Chen

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lisa Liu	9251 Southern Breeze Drive	<input type="checkbox"/> Add
		Orlando, FL 32836	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jian Zhong Chen	8298 ChampionsGate Blvd	<input checked="" type="checkbox"/> Add
		ChampionsGate, FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chao Guang Liu	8298 ChampionsGate Blvd	<input checked="" type="checkbox"/> Add
		ChampionsGate, FL 33896	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 DEC 16 PM 12:55
ALLIANCE FLORIDA

16 DEC 10
CLASSIFIED

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 06-18-2019 BY 60322 UCBAW/SJS

16 DEC 16 PM 12:35

Page Pursuant to 605.020
This will not be listed as

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 28, 2016

Typed or printed name of signee