## 14000092986

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## **COVER LETTER**

TO: Registration Se Division of Cor			
CHAMPIO	NSGATE 2127 LLC		
SUBJECT:	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Youshan Zhao		
		Name of Person	
	CPA Services		
		Firm/Company	
	618 Osprey Lakes Cir		
		Address	
	Chuluota, FL 32766		
	TAXORLANDO@GMAIL	City/State and Zip Code COM	1,23 3,7 0,7
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please e	all:	: <del></del>
Youshan Zhao		724 5578193	
Name o	d Person	at I	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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)
<u>Mailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAMPIONSGATE 2127 LLC	
(Name of the Limited Liability Company as it now ap) (A Florida Limited Liability Compan)	pears on our records.) (y)
The Articles of Organization for this Limited Liability Company were filed on	04/26/2017 and assigned
Florida document number L17000092986	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	v here:
The new name must be distinguishable and contain the words "Limited Liability Company," to	he designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	A
	<b>+</b>
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	- <del> </del>
	<u> </u>
	<u>~</u>
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	ir records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter	Florida street address
	Florida
Сиу	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.

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>	Address	Type of Action
MGR	ZHANG, HONGLI	9079 DOGLEG DR	□ Add
		CHAMPIONS GATE, FL 33896	■Remove
			☐ Change
MGR	ZHANG, LIHONG	9079 DOGLEG DR	
		CHAMPIONS GATE, FL 33896	□Remove
			Change
			□Add
			□Remove.
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	oust be specific and cannot be prior to date of filing or block does not meet the applicable statutory fil		
ne record specifies a delayed effectord is filed.	tive date, but not an effective time, at 12:01 a.m	n, on the earlier of: (b) The 90th day after	r the
4/28	2022		
Dated	<del></del>		
Dated	Signature of a member or authorized representati		

Filing Fee: \$25.00