

L17000134111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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17 SEP 27 AM 10:56

DIVISION OF CORPORATE AFFAIRS

Q SIMMONS
SEP 29 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2017

ELIZABETH CROCKETT
9600 W SAMPLE RD, STE 206
CORAL SPRINGS, FL 33065

SUBJECT: CHAMPION MEDICAL SUPPLIES, LLC
Ref. Number: L17000134111

We have received your document for CHAMPION MEDICAL SUPPLIES, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$30.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 617A00019014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Champion Medical Supplies 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:

Elizabeth Crockett

Name of Person

Champion Medical Supplies LLC

Firm/Company

9600 W Sample Rd Ste 206

Address

Coral Springs, FL 33065

City/State and Zip Code

championmed2017@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Crockett at (561) 633-7341

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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

2017 SEP 13 AM 11:10

NO \$

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Champion Medical Supplies 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 June 20th, 2017 and assigned
Florida document number L17000134111.

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)

9600 W Sample Rd Ste 206
Coral Springs, FL 33065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9600 W Sample Rd Ste 206
Coral Springs, FL 33065

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

Florida

City

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

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DIVISION 1

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 AMBR	Shanita Crockett	7540 SW 60th Street	<input checked="" type="checkbox"/> Add
		North Lauderdale, FL 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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DIVISION OF...

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Champion Medical Supplies LLC is
distributing ownership equity in
the following manner:

Shanita Crockett 95%

Elizabeth Crockett 5%

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DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated September 5th, 2017.

Elizabeth Crockett

Signature of a member or authorized representative of a member

Elizabeth Crockett

Typed or printed name of signer