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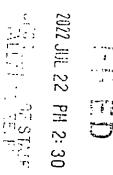
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

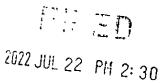
Tallahassee, FL 32314

43 E 1 EN 11 EN 2011	ampa LLC	
SUBJECT:	Name of L	imited Liability Company
The enclosed Arti	icles of Amendment and fee(s) are si	ubmitted for filing
		•
Please return all c	correspondence concerning this matte	er to the following:
	Alex Nahabetian	
		Name of Person
	Champa LLC	
	<del> </del>	Firm/Company
	3350 SW 148th Avenue	Suite 110
		Address
	Miramar, FL 33027	
	•	City/State and Zip Code
	finsolcorp@gmail.com	
	E-mail address	: (to be used for future annual report notification)
For further inforn	nation concerning this matter, please	call:
Alex Nahabetian		305 984-6913 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	ck for the following amount:	
<b>■ \$</b> 25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address:	Street Address:
_	ation Section n of Corporations	Registration Section Division of Corporations
	ox 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Champa LLC

The Articles of Organization for this Limited	Liability Company	were filed on $\frac{06/22/2}{}$	017 and assigned
Florida document number 1.17000136041	<u> </u>		
This amendment is submitted to amend the fo	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1110 Brickell Avenue	
(Principal office address MUST BE A STREET ADDRESS)		Suite 701	
		Miami , FL 33131	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		1110 Brickell Avenu	e
		Suite 701	
		Miami, FL 33131	
B. If amending the registered agent and/or agent and/or the new registered office addr  Name of New Registered Agent:	ess here:	address on our record	is, enter the name of the new regis
New Registered Office Address:	1110 Brickell A	Avenue Suite 701	
New Registered Office Address.		Enter Florida sti	reet address
	Miami		Florida 33131
	1411555111		Zip Code

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>	<u>Address</u>	Type of Action
MGR	QUA Integral Services LLC	3350 SW 148th Avenue	□Add
		Suite 110	M Remove
		Miramar , FL 33027	□Change
			□Add
			Remove
			□Change
MGR	Baliwave Corp	1110 Brickell Avenue	ØAdd
		Suite 701	□Remove
		Miami, FL 33131	
			□Add
			Remove
		<del></del>	□Change
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f an effective	ate, if other than the date is listed, the date in date in this effective date on the	nust be specific and block does not m	cannot be prior to d eet the applicable			ig.) Pursuant to 605.02
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Filing Fee: \$25.00