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> SECRETARY OF STATE ALLAHASSEE, FLORIO),

FILED

K SALY DEC 21 2017

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brittany RUSSO Name of Person
Champion Flite Legary LLC.
5341 Carvina Shares Lane
Por Crock, FL 33188  City State and Zip Code
E-mail address: (to be used for-future annual report notification)
For further information concerning this matter, please call:
Brittany Russo at (201) 230 - 9386  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sum \text{Certificate of Status}\$\$ \$25.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ \$25.00 Filing Fee & \text{Certified Copy} \\ \text{(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

ARTICLES OF O	RGANIZATION FILES
Chame of the Limited Liability Companication for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for this Limited Liability Company of the Articles of Organization for	ny as it now appears on our records.)  ALLAHASSEE, FLORIO;
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	707 Samms Ave Unit FG Part Grange, FL 30109
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off 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

#### 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

Zip Code

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>	Name	Address	Type of Action	
AMBR	Amber Johns	1806 Tracy Drive	🗆 Add	
		Port Orange, FL	Remove	
		32127	Change	
			O Add	
			☐ Remove	
			🗆 Change	
			FILE CHARGE PRICE 12	
			□ Change No. 10	
			Change	
			_□ Add	
		<del></del> .	_□ Remove	
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			_□ Add	
			_□ Remove	

\_\_\_\_ Change

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SECRETARY OF STATE  FALLAHASSEE, FLORIO).
TELAHASSEE, FI OF STATE
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<del></del>
Cffective date, if other than the date of filing:
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Signature of a member or authorized representative of a member
Brittany Russo  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00