117000243562

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
cub II		ESTATE CHAMPS, LLC		
SUBJI	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jena Perez		
			Name of Person	
			Firm/Company	
		1618 Forest Creek Drive		
		Jacksonville, FL 32225	Address	
		jenaperez@kw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fur	rther information c	oncerning this matter, please ca	all:	
Jena P	'erez		404 468-4030 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	ne following amount:		
□ \$ 2	5.00 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:

TO:

Registration Section Division of Corporations P.O. Box 6327

Registration Section Division of Corporations Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE REAL ESTATE CHAMPS, LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our record mited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Con	npany were filed on 11/28/2017	and assigned
Florida document number L17000243562		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:	A state that a second s	2019 (1)
Principal office address MUST BE A STREET ADDRES	<u>ss)</u>	
		1 - 100
		P 2
Enter new mailing address, if applicable:	_	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
3. If amending the registered agent and/or register egistered agent and/or the new registered office address		s, enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	15
		orida
	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

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
AMBR	Michael Perez	1618 Forest Creek Drive Jacksonville, FL 32225	Add
			■ Remove
			Change
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Add
			Remove
		- I MANALAN I J.	Change
			Add
			□ Remove
			□ Сһапуе

Effective date, if other than the date of filing: (optional)		iny other inform	, 		·		<u>.</u>	<u>-</u>	
Effective date, if other than the date of filing: [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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 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. Dated October 2 2019									
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Signature of a member or authorized representative of a member	October Dated	2		2019	··				
32-1-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		Signature of	a member or au	horized represen	tative of a memb	er		
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Filing Fee: \$25.00