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(Requestor's Name)
(Address)
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(Business Entity Name)
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SUBJEC	Leadoola L	LC		
SUBJEC	. 1 .	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Matthew Klimek		
			Name of Person	· · ·
		Leadoola LLC		
			Firm/Company	(0.5)
		100 S. Ashley Drive		V021 Ju SECRE TALL
			Address	NHV NHV
		Tampa, FL 33602		CO , 6
			City/State and Zip Code	PM 3: 04 OF STATE SEE, FL
		E-mail address: (to be used for future annual report notif	fication)
For furthe	er information c	oncerning this matter, please c	all:	
Matthew	Klimek		561 445-9532	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	0 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 Addres		Street Address:	
	Registration S Division of C		Registration Sec	
	P.O. Box 632		Division of Corp The Centre of T	
Т	Tallahassee. F	1.32314		Street Suita 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Leadoola LLC	
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) In Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number L18000121200	OSLIG Laure
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the lin	nited liability company here:
Champions LLC	
he new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 S. Ashley Drive, Tampa, FL 336022
Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable:	100 S. Ashley Drive, Tampa, FL 336027
Mailing address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registeregent and/or the new registered office address here:	ed office address on our records, enter the name of the new regist
Name of New Registered Agent: Matth	new Klimek
New Registered Office Address: 100 S	S. Ashley Drive
	Enter Florida street address
Tamp	, Florida ³³⁶⁰²
	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 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	Matthew Klimek	100 S. Ashley Drive, Tampa, FL 33602	≡ Add
		2799 NW 34th Street, Boca Raton, FL 33434	= Remove
			□Change
AMBR —	Anthony Kuzenkov	100 S. Ashley Drive, Tampa, FL 33602	= Add
		SECRET TALL	
		ARY OF STANASSEE, F	
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
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neffective date is listed, the date must be te: If the date inserted in this block	k does not meet the applica	o date of filing or more than ble statutory filing requir	90 days after filing.) P ements, this date wi	ursuant to 605,020 Il not be listed a
cument's effective date on the Dep	artment of State's records.			
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cord specifies a delayed effective of filed.	ate, but not an effective tin	ne, at 12:01 a.m. on the c	arneron (b) The 9	oun day after the
ed	, 2021			
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