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SECRETARY OF STATE

WE 18 303

COVER LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: Champion Autom Name of L.	notive Leasing LLC imited Liability Company	<u>;</u> ,
The enclosed Articles of Amendment and fee(s) are so		! : :
Please return all correspondence concerning this matter	er to the following:	
Tomer C	hochan Name of Person	· ·
Champion F	tutomotive leasing	lic
50 E. Palmi	etto Park Rd H	7 800
Boca Rate	on FL 33432 City/State and Zip Code) ;
Tomor Co C	hampion Auto leasing. (to be used for future annual report notation)	com on)
For further information concerning this matter, please		7,
Tomar Chochan	at (954) 937~0° Area Code Daytime Tel	751
Name of Ferson	Area Code Daytime Ter	éphone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \$\&\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	□ \$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	STREET/COURIER A Registration Section	ADDRESS:
Division of Corporations	Division of Corporation	าร
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Tallabaseon, El. 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Champion	Automotive	Leasing	FILED	
(Name of the Limit	ted Liability Company as it now a (A Florida Limited Liability Comp			
	(77) Issues Salineo Blasiney Comp	.28	19 45-5 P 20 29	
The Articles of Organization for this Limited L	iability Company were filed o	on 08 29 [2018 and assigned EURETARY, OF STATE	
Florida document number <u>L 1800020</u>	07219	i ta i	LAHASSEE, FLORIDA	
This amendment is submitted to amend the follo	owing:	:		
A. If amending name, enter the new name of	f the limited liability compa	ny here:		
The new name must be distinguishable and contain the w	words "Limited Liability Company,"	"the designation "L	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)	<u></u>		
		, , , , , , , , , , , , , , , , , , ,		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/ registered agent and/or the new registered of		ss on our reco	rds, enter the name of the n	ev
registered agent and/or the new registered or	ince address nere.			
Name of New Registered Agent:				
Name of New Registered Agent.				
New Registered Office Address:	Fue	er Florida street ada		
	isme	er i torida sireet dad	ress	
	City		Florida Zip Code	
New Registered Agent's Signature, if changing F	·		rap State	
l hereby accept the appointment as registere		this canacity I	fineling games to someth with t	l
provisions of all statutes relative to the prope accept the obligations of my position as regis	er and complete performand	ce of my duti <mark>es,</mark>	and I am familiar with and	10
being filed to merely reflect a change in the recompany has been notified in writing of this	registered office address, I i	hereby confi rm	that the limited liability	
		<u>}</u>		
	160			
	If Changing Register	ed Agent, <u>Signatu</u>	re 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>	Name	Address	Type of Action
<u>MGR</u>	Garry Joseph	9553 Newport Rd Boxa Raton FL 33434	j% ,Add
		Boxa Raton FL 33434	🗆 Remove
			Change
			Add
		+	Remove
		<u> </u>	Change
			
			Remove
			_ Change
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	<u></u>
tive date, if other than the date of filing:	(optional) han 90 days after filing.) Pursuant to 605.0
If the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records.	quirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	e, at 12:01 a.m. on the earlier
~	
July 31. 2019.	
Signature of a member or authorized representative of a	member
	member
Signature of a member or authorized representative of a Tomor Chochan Typed or printed name of signee	member

Filing Fee: \$25.00