

L18000255596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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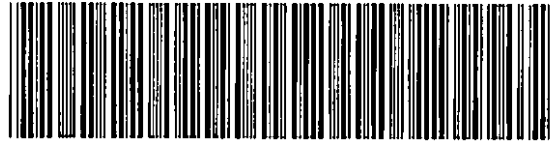
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 MAR -5 PM 6:27

FILED

MAR 15 2019

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHAMPION MOVING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEX A ROSA

Name of Person

CHAMPION MOVING LLC

Firm/Company

160 W CAMINO REAL UNIT #827

Address

BOCA RATON, FL 33432

City/State and Zip Code

alexrosaf17@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frankie Cardinale

561 789-2655
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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:
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

CHAMPION MOVING LLC

Page 1 of 3

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>	<u>Type of Action</u>
MGR	FRANKIE CARDINALE	160 W CAMINO REAL #827 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEX ROSA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		160 W CAMINO REAL #827 BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please add Frankie Cardinale as a Managing Member.

Please change Alex Rosa from Sole Member to Managing Member.

Please correct Alex Rosa's address.

E. Effective date, if other than the date of filing: _____ (optional)

(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 (3)(b)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated FEBRUARY 25

2019



Signature of a member or authorized representative of a member

ALEX ROSA

Typed or printed name of signee

To : Florida Department of State
Re: Champion Moving LLC
- Articles of organization
amendment.

Please contact Alex Rosa
or Frankie Cardinale at
561. 789. 2655

Return Address:

160 W Camino Real #827
Boca Raton, FL 33432

5 pages total including cover
1 check included for \$30.

Thank you.