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MAR 15 2021 S. YOUNG



COVER LETTER

TO: Registration Division of	Section Corporations		•
SUBJECT: Champ	Scharise LLC		
		Name of Limited Li	ability Company
Dear Sir or Madam:			
The enclosed Statem	ent of Correction and fee(s) are submitted for fili	ng.
Please return all corre	espondence concerning this	s matter to the followi	ng:
John Clarke, Esquire	, Attorney and agent for N Name of Person	lanager Eugene Wimb	<u>os</u>
Clarke Law PA			
	Firm/Company		_
1975 East Sunrise Bo	oulevard, Suite 524		
	Address		_
Fort Lauderdale, Flor	ida, 33304		
-	City/State and Zip Code		_
john@clarkelawpa.co	om		
E-mail address:	(to be used for future annu-	al report notification)	_
For further informatio	n concerning this matter, p	lease call;	
John Clarke		305	467-5560
Nam	c of Person	at (Area Code	Daytime Telephone Number
P.O. Box 6	n Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
Enclosed is a check for	r the following amount:		
₩\$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (9/15)			···

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursu	ant to se	ction 605.0209, F.S., this document is being subm	nitted to correct a previously filed do	cument.			
FIRS	T: The n	ame of the limited liability company is:	chanse LLC				
SEC	OND.	The Plant B	L 18000277630				
	OND:	The Florida Document number of the limited I					
THIE	<u>RD</u> :	Document to be corrected is:	ort				
	ſ	CHECK THE APPROPRIATE BOX AND C	OMPLETE THE APPLICABLE S	<u>TATEMENT</u>			
	Conta statem	ins an incorrect statement. The incorrect stateme tent are as follows:	nt, the reason the statement is incorre	ect, and the corrected			
	The de	ocument incorrectly omits the name of one of the m	anagers of the LLC, Eugene Wimbs.				
	The ar	nnual report should be updated to include the follow	ring: Title - Manager, Name: Eugene V	Wimbs,			
	Addre	ss: 1880 NW 42nd Terrace, Apartment b204, Laude	erhill, Florida, 33313				
	OR						
	Was do as follo	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:					
			····				
	_						
	<u>OR</u>						
	The ele	ctronic transmission of the record was defective.					
	14	ulene Millale	1110/2	1			
		Signature of Authorized Representative	Date				
Signatu accepti	are of nev	wreg tered agent, if applicable: (NOTE: Vocarresignation).	ecting the registered agent, the new re	egistered agent must sign			
New R	e gistered	Agent's Signature, if changing Registered Agen					
neren	v acceni	the appaintment as registered count and amount		to comply with the			
obligat eflect	ions of m	statutes relative to the proper and complete per y position as registered agent as provided for in in the registered office address, I hereby confirm	formance of my duties, and I am fami	llar with and accept the			
,		Fuer Ols		JA			
		Registered Ag	ent's Signature	- : ~			
		Filing Fee:	\$25.00	, CO			
		Certified Copy:	\$30.00 (optional)	** >			
			350:00 (Optional)	- on .			

CR2E062 (9/15)