| (Requestor's Name)                      |
|---|
| (Address)                               |
| •                                       |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Decument Number)                       |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Considerations As Filips Officers       |
| Special Instructions to Filing Officer: |
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2020

MARIE-PIERRE PARE CHAMPIONS FIRE PROTECTION LLC 729 85TH STREET MIAMI BEACH, FL 33141

SUBJECT: CHAMPIONS FIRE PROTECTION LLC

Ref. Number: L19000000606

We have received your document for CHAMPIONS FIRE PROTECTION LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 320A00003220

Shelia H Young Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

| SUBJECT: CHAI                 | MPIONS FIRE F                             | PROTECTION LLC  |   |
|-------------------------------|---|---|---|
|                               | Name of Lim                               | PROFECTION LLC ited Liability Company                               |   |
| The enclosed Articles of a    | Amendment and fee(s) are sub              | mitted for filing.  |   |
| Please return all correspo    | ndence concerning this matter             | to the following:   |   |
|                               | MARIE-PI                                  | ERRE PARE Name of Person  |   |
|                               | CHAMPIONS F                               | IRE PROTECTION Firm Company   | <u> </u>  |
|                               | 729 85th                                  | ST MIAMI BEA  | rcH   |
|                               | MIANI BEACH                               | FL 33141<br>City/State and Zip Code                                 |   |
|                               | marie a cho<br>E-mail address: (          | un pinsfire prote   | cton com  |
| For further information co    | oncerning this matter, please ca          | all:  |   |
| MAKIE- PIER<br>Name of        | RE PARE                                   | at ( <u>786)</u> 716<br>Area Code Dayti                             | 1 - 311 0<br>me Telephone Number  |
| Enclosed is a check for th    | ne following amount:                      |   |   |
| □ \$25.00 Filing Fee          | S30.00 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 Registration S |   | Street Address:<br>Registration S                                   | ection  |
| Division of C                 | orporations                               | Division of Co  | orporations   |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| (A Florida   | Limited Liab(lity Company)             |                                       |
|--|--|---------------------------------------|
| The Articles of Organization for this Limited Liability Co   | ompany were filed on $12/28$           | 2018 and assigned                     |
| Florida document number <u>L1900000606</u>   |  | /                                     |
| This amendment is submitted to amend the following:  |  |                                       |
| A. If amending name, enter the new name of the limit   | ted liability company here:            |                                       |
| The new name must be distinguishable and contain the words "Limi   | ted Liability Company," the designatio | n "Lf.t" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | <del></del>                            |                                       |
| (Principal office address MUST BE A STREET ADDR.   | ESS)                                   |                                       |
|  |  |                                       |
|  |  |                                       |
| Enter new mailing address, if applicable:  |  |                                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                       |
| ·  |  |                                       |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records.         | enter the name of the new registere   |
| Name of New Registered Agent:  |  |                                       |
| New Registered Office Address:   |  |                                       |
|  | Enter Florida street                   | address                               |
|  |  | Florida                               |
|  | 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>      | Name                      | Address              | Type of Action  |
|-------------------|---------------------------|----------------------|-----------------|
| MGR               | ELIECER CASTILLO<br>RAMOS | 729 85 th ST         | □Add            |
|                   |                           | MIAMI BEACH FL 33141 | Remove          |
|                   |                           |                      | □Change         |
| MGR REINERIO DIAZ | 729 95th ST               | □Add                 |                 |
|                   |                           | MIAMI BEACH FL33141  | <b>X</b> Remove |
|                   |                           |                      | Il Change       |
|                   |                           |                      |                 |
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| Effectiv            | e date, if other than the date of filing:   |
| <u> Note:</u> 11    | tive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nt's effective date on the Department of State's records. |
| record<br>d is file | 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 d.  |
|                     |   |
| Dated _             | 05/09/2020  |
| Dated _             | Signature of a member or authorized representative of a member  |