

L19 000 000 606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

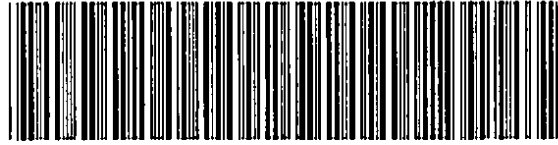
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600394207026

09/12/22--01015--010 **25.00

SEP 12 2022

R. HUNT

FILED
DIVISION OF COM. SERVICES
2022 SEP 12 PM 12:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Champions Fire Protection 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:

Marie-Pierre Pare

Name of Person

Champions Fire Protection LLC

Firm/Company

724 85th ST

Address

MIAMI BEACH, FL 33141

City/State and Zip Code

09/14/22
SJP

marie@championsfireprotection.com

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

For further information concerning this matter, please call:

MARIE-PIERRE PARE

Name of Person

at (786)

Area Code

719-3110

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 SEP 12 PM 12:07
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Champions Fire Protection LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/28/2018 and assigned
Florida document number L19000000606.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MPP Development Group "LLC"

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2022 SEP 12 PM 12:07
CLERK OF STATE
DIVISION OF CORPORATE & FINANCIAL SERVICES

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

MGR = Manager
AMBR = Authorized Member

[illegible]

U.S. DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS
2022 SEP 12 PM 12:07

RECEIVED
DIVISION OF CORPORATIONS
2022 SEP 12 PM 12:07

(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)

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.

Signature

Signature of a member or authorized representative of a member

Marie-Pierre Paire

Typed or printed name of signer

Filing Fee: \$25.00