Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003148393)))



H190003148393ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fox Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : 120130000079 Phone : (305)804-1047 Fax Number : (866)767-7835

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RES CHALLENGER USA LLC

Certificate of Status	0	-
Certified Copy	0	•
Page Count	04	Î
Estimated Charge	\$25.00	6
1,	•	

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX OCT 2 5 2018

To: Sunblz LLC

Fax: (850) 617-6383

Page: 2 of 4

10/23/2019 8:30 PM

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

(((H19000314839 3)))

FILED

2019 OCT 24 P 2 57

CHALLENGER USA LLC		- 2019 UC1 2년 후에 없는 5의
(Name of the Limited Liability Compa (A Florida Limited )	ny as it now appears on our r Liability Company)	ecords.) Signification where in the en-
The Articles of Organization for this Limited Liability Company Florida document number 1.19000001008		TALLAHASSES, RESINGA and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	"LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	_	
Enter new mailing address, if applicable:  (Mailling address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our re	ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, FloridaZip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>r:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e perjormance of my aut envoyided for in Chapter	605, F.S. Or, if this document is

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:

(((H19000314839 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	CORPORATION CHALLENGER	CALLE BALTAZAR LA TORRE	□ Add
		LIMA, I.M PERU 27	■ Remove
			Change
AMBR	JOSE CABELLO	1419 SOUTH FEDERAL HWY	
		DANIA BEACH, FL 33004	■ Remove
			Cliange
AMBR	JOSE H. CABELLO	1419 SOUTH FEDERAL HWY	⊜ Add
		DANIA BEACH, FL 33004	□ Remove
			☐ Change
			Remove
			☐ Change
			AJJ
			☐ Remove
			☐ Change
			O Add
			Remove
			Change

: Hector Rodriguez	Fax: 18667677835	To: Sunbiz LLC	Fax: (850) 617-6383	Page: 4 of 4	10/23/2019 8:30 P/
D. If amending	g any other informa	ction, enter change(s) here:	(Attach additional she	ets, if necessary.)	
	, ·	•	(((H190	000314839 3)))	
					·
<del></del>					
					<del></del>
		•			
					<u> </u>
<del></del>			<del></del>		
	<u>.</u>		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	<u> </u>				
<del></del>					
					<del></del>
			<u></u>		
		·			
					<del></del>
				(optional)	
E. Effective d	late, if other than the	ne date of filing:	to date of filing or more than	. 90 days after filing.) Pu	rsuant to 605.0207
Note: If th	e dete inserted in this '	block does not meet the applica	Hole stattingly turns reda-	rements, this date wil	i not be fisted as
document's	enective date on the	Department of State's records.			
	and the second state of	ed effective date, but no	t an effective time.	at 12:01 a.m. on	the earlier of
(b) The 90t	specifies a delayon th day after the re	ecord is filed.	• = = = = = = = = = = = = = = = = = = =		
Dated OC	TOBER 23	, 2019	<u></u> .		
	Jose M. C.	Signature of a member or anthe	orized representative of a m	ember	
	JOSE H CABELLO		dama of some		<del></del>
		Typed or print	ed name of signee		

Page 3 of 3

Filing Fee: \$25.00

.....