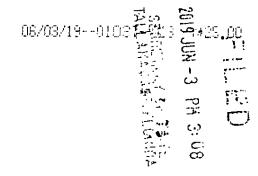
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Champion Holdings Tall, 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:
AMA DUT IA  Name of Person
Firm/Company
1495 NE 3320 Ave \$ 109
Homestead, FL 33033
City/State and Zip Code  ANNARE 2013@ 9MA11.COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ANNAPULIA at (856) 236, 0703  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee S25.00 Filing Fee Fee S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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, Ft. 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Champion H	OLDINGS INTI, LL	.C
(Name of the Limited ). (A I	iability Company as it now appears on our record forida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liabil Florida document number <u>L1900001</u>	ity Company were filed on $322$	and assigned
This amendment is submitted to amend the following	ofi.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company." the designation "LLO	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	···	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<del>7</del> 55 6
B. If amending the registered agent and/or registered agent and/or the new registered office		Is, enter the name of the new
Name of New Registered Agent:		20 G
New Registered Office Address:		
-	Emer Florida street addre	PSS
-		lorida
	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

Title.	. Name	Address	Type of Action
MGR	ANNA PUGLIA	1495 NE 33RD AVE #	109 <b>x</b> 0\dd
,		Houestean, FL 3303	3_□ Remove
			Change
MBR	ANNA PUGLIA	1495 NE 3307 AVE HOMOSTEAD, FL 3303	#109520d
		HOMOSTEAD, FL 3303	3 Remove
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ote: 11 me	ate, if other than the date is listed, the date must date inserted in this bl effective date on the D	ock does not meet	the applicable.	e of filing or more statutory filing ro	(optio than 90 days after equirements, this	nal) filing.) Pursuant to 60 date will not be lis	05.0207 (3)(b) sted as the
		l effective date	e, but not an	effective tim	e, at 12:01 a	.m. on the earl	ier of:
record : The 90th	specifies a delayed n day after the rec	ord is filed.					
The 90th	specifies a delayed n day after the rec	ord is filed.	2019				
The 90th	May 30	Signature of a mem	2019				

Page 3 of 3

Filing Fee: \$25.00