

L19000076583

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TALLAHASSEE

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JUN 18 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Champion Holdings Intl, 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:

Anna Reglia
Name of Person

Firm/Company

1495 NE 33RD Ave #109
Address

HOMESTEAD, FL 33033
City/State and Zip Code

ANNARF2013@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna Reglia at (856) 236-0703
Name of Person Area Code 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

CHAMPION HOLDINGS INTL, 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 3/22/19 and assigned
Florida document number L19000076583

This amendment is submitted to amend the following:

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 "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)

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

Title Name Address Type of Action

MGR ANNA PUGLIA 1495 NE 33RD AVE #109 ☒ Add
HOMESTEAD, FL 33033 ☐ Remove

☐ Change

AMBR ANNA PUGLIA 1495 NE 33RD AVE #109 ☒ Add
HOMESTEAD, FL 33033 ☐ Remove

☐ Change

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2019 JUN 3 - AM 6:10
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U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
CORRECTIONAL INSTITUTION
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FALLS CHURCH

(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) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 30 2019


Signature of a member or authorized representative of a member

Anna Rozilia
Typed or printed name of signee