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| PICK-UP WAIT MAIL                       |   |  |  |  |
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| (Business Entity Name)                  | _ |  |  |  |
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| Certified Copies Certificates of Status | _ |  |  |  |
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| Special Instructions to Filing Officer. |   |  |  |  |
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## **COVER LETTER**

TO:

**Registration Section** 

| Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| SUBJECT: Champagne Global Investments 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:   |  |  |  |  |  |
| Raymond Champagnie Name of Person   |  |  |  |  |  |
| Champagne Global Investment ELC Finn/Company  |  |  |  |  |  |
| 800 Ocala Rd Suite 300 PMB 154  |  |  |  |  |  |
| 19/10hassee, FL 32304<br>City/State and Zip Code  |  |  |  |  |  |
| Changagne Global (a) Gmail. Com E-hail address: (to be used for future annual report notification)  |  |  |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |  |  |
| Raymond Champagni e at (305) 496-9107  Name of Person   |  |  |  |  |  |
| Enclosed is a check for the following amount:   |  |  |  |  |  |
| ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  |  |  |  |  |  |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |  |  |  |  |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Articles of Organization for this Limited Liability Company were filed on $May/09/2019$ and assigned Florida document number $L19000126198$ . |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 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 Liabil  | ity Company," the designation "LLC" or the abbreviation "L.L.C." |  |  |  |  |  |  |
| Enter new principal offices address, if applicable:   | 800 Ocala Rd suite 300   |  |  |  |  |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   | 32304 Tallahassee, FL  |  |  |  |  |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   | 800 Ocala Rd suite 300<br>154 Tallahassee, Fl<br>32304           |  |  |  |  |  |  |
| B. If amending the registered agent and/or registered office a 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

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| (If an eff<br>Note: | ve date, if other than the date of filing:   |
| the recor           | d 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 ed. |
| Dated               | January, 6,200.  |
|                     | Day mor  |
|                     |  |
|                     | Signature of a member or authorized representative of a member   |

Filing Fee: \$25.00

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 |
|--------------|--------------------|---|----------------|
| AMBR         | Raymond Champagire | 800 ocala Rd Svite 309<br>154 Tallahassee, FL | _ DAdd         |
|              |                    | 154 Tallahassee, FL                           | □Remove        |
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