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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

Division of Cor			
SUBJECT:	Champi Name of Unit	on Exotic Rent	tals LLC
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Mi	Chael Elias Name of Person	
		on Exoticlentals Firm/Company	
	14461	SW 140th Ter Address	
	Miami	City/State and Zip Code Misonex Ofics @ 9 o befused for future annual report with	
	E-mail address: (to	mpionexotics@gotused for future annual report will	mail.com
For further information c	oncerning this matter, please ca		
Micho Name o	el Elias Person	at (7810)	426 -2126 ne Telephone Number
Enclosed is a check for t	he 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

O. O.	-	
Champion Exotic (Name of the Limited Liability Compan		LLC ds.)
(A Florida Limited Li	ability Company)	,
The Articles of Organization for this Limited Liability Company v Florida document number <u>L1900209060</u>	vere filed on 8 1/5	19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LI.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		S
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
		22
Enter new mailing address, if applicable:		U)
(Mailing 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	fice address on our recor :	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
110111000110001100001	Enter Florida street addr	ress
		Florida
	City	Zιρ Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties. provided for in Chapter 602	and I am familiar with and 5. 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:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Elias	14461 SW 160th Ter Miami, FC 33177	Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			🗆 Add
			□ Remove
			☐ Change
			Add
			🗆 Remove
			Change
			Remove
			Change
			Remove
			□ Change

	22	ADD	MAR	+nats	1+	thanks
						
<u> </u>						
-		<u> </u>				
	sted, the date mu serted in this b	ist be specific and o clock does not me	cannot be prior to date eet the applicable st		90 days aft	tional) er filing.) Pursuant to 605.0 nis date will not be listed
record specifi he 90th day a			ate, but not an o	effective time, a	at 12:01	a.m. on the earlier
ed	1/23/19	,		\wedge \wedge		

Page 3 of 3

Filing Fee: \$25.00