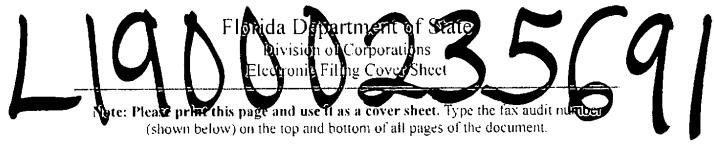
From: EMERSON CORR

5/10/22, 4:16 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122 Phone : (407)863-0096 : (407)612-2181 Fax Number

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M. SOLOMON

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COVER LETTER

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	Registration Section Division of Corporations
SUBJECT	CHAMPION STATE LLC
	T: Name of Limited Liability Company
The enck	sed Articles of Amendment and fee(s) are submitted for filling.
Please re	um all correspondence concerning this matter to the following:
	EMERSON CORREA
	Name of Person
	ICONNECT SOLUTIONS CORP
	Firm/Company
	6735 CONROY ROAD, STE 309
	Address
	ORLANDO, FL 32835
	City/State and Zip Code
	CONTACT@ICONNECTSC.COM
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
EMERS	ON CORREA 407 8630096
	Name of Person at () Area Code Daytine Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H22000168135 3

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)	
The Articles of Organization for this Limited Liability Company were filed	on 09/18/2019 and assign	ed
Florida document number L19000235691		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	any here:	
The new name must be distinguishable and contain the words "Limited Liability Company	." the designation "LLC" or the abbreviation "L.L.C.	,11
Enter new principal offices address, if applicable:		~>
(Principal office address MUST BE A STREET ADDRESS)	27 C	<u> </u>
		<u>⊒x</u> ≺
		-0
Enter new mailing address, if applicable:	17.7	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		PH 12: 136
		<u></u>
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here: Name of New Registered Agent:	our records, <u>enter the name of the new re</u>	egist
New Registered Office Address:	Enter Florida street address	
	, Florida Zip Code	
Сііу	Zip Code	

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 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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOSE ROBERTO FERNANDES	7575 KINGSPOINTE PKWY - STE I	= Add
		ORLANDO, FL 32819	□Remove
			□Add
			[]Remove
			Change
			□ Remove RAY 10
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Page: 5 of 5

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ADDING MANAGER	R JOSE ROBERTO FERNANDES
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<u> </u>	
ective date, if other th	nan the date of filing: (optional)
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 60, in this block does not meet the applicable statutory filing requirements, this date will not be list
ument's effective date of	on the Department of State's records.
cord specifies a delayed	effective date, but not an effective time, at 12:01 a m on the earlier of: (b). The 90th day after
s filed	
MAY02 ed	2022
	R
	Signature of a member or authorized representative of a member
	BARBARA SECCO