

L20 000043233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

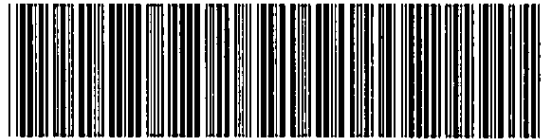
(Business Entity Name)

(Document Number)

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SEP 24 2021

G. BRUCE

OCT 02 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 319 CHAMPION 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:

LAURA A. STREIMER  
Name of Person  
STREIMER & FLUSBERG, P.A.  
Firm/Company  
1361 SAWGRASS CORPORATE PARKWAY SUITE 100  
Address  
SUNRISE, FL. 33323  
City/State and Zip Code  
INFO@SFCPA.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA A. STREIMER  
Name of Person  
954 846-1100  
at ( ) 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 Address:**

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

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2021 SEP 24 AM 7:36  
CLERK OF COURT  
TALLAHASSEE, FL

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

319 CHAMPION 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 02-06-2020 and assigned  
Florida document number L20000043233.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

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)**

14808 DEATON ALY

ORLANDO, FL. 32827

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

14808 DEATON ALY

ORLANDO, FL. 32827

**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:

CHAMPION RE INVESTMENTS, LLC

New Registered Office Address:

14808 DEATON ALY

*Enter Florida street address*

ORLANDO

Florida

32827

*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**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	NIGEL BOGAERT	1201 FAIRWAY DRIVE	<input type="checkbox"/> Add
		WINTER PARK, FL. 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHAMPION RE INVESTMENTS,	14808 DEATON ALY	<input checked="" type="checkbox"/> Add
		ORLANDO, FL. 32827	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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JULIA A. BROWN  
CLERK OF COURT

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

NA

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CLERK OF SUPERIOR COURT  
STATE OF NEW YORK

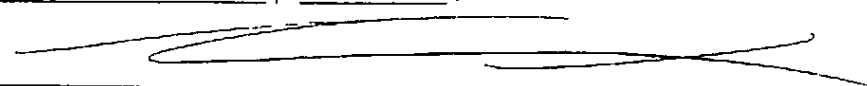
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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.

If the record 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 record is filed.

Dated 09/07 2021



Signature of a member or authorized representative of a member

NIGEL BOGAERT

Typed or printed name of signee