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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILLIAM P. WEATHERFORD, JR., P.A.

Account Number : 120020000088 Phone : (407)629-5008 Fax Number : (407)740-0310

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: wjchristy01@me.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHALLENGE NORTH AMERICA, LLC

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Help

(((н200004211	21 3)))	ARTICLES OF AMENDMENT
*	7		ARTICLES OF ORGANIZATIONS OF
	Challenge 1	North Americ	•
	<u></u>	(Name	of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)

(Name of the Limited Liab (A Flori	ility Company as it now appears on our records. ida Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number L20000065097	Company were filed on March 2, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lit	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited 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 ADD	ORFCC)	
A THE PORT OFFICE ADDRESS THE OFFICE ADDRESS TO DE		۲,
		1 2
		:
Enter new mailing address, If applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		,
B. If amending the registered agent and/or register agent and/or the new registered office address here:		he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	
	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

[((!i20000421121 3))]
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Jort Vlam	1 Daytona Blvd., Ste 220	ddd
		Daytona Beach, FL 32114	■Rcmove
MGR Zbigniew W. Szulfeik	Zbigniew W. Szulfeik	1 Daytona Blvd., Ste 220	□Add
		Daytona Beach, FL 32114	
			·
MGR Jillian Wilkins	Jillian Wilkins	l Daytona Blvd., Stc 220	
		Daytona Beach, FL 32114	□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
MGR Benjamin Odom	Benjamin Odom	1 Daytona Blvd., Stc 220	
		Daytona Beach, FL 32114	□Remove
		☐ Change	
		□ Add	
			Remove
			□ Change
			⊡∧dd
			CiRcinove
			☐ Change

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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior Die: If the date inserted in this block does not meet the applicument's effective date on the Department of State's records	cable statutory filing requirements, this date will not be liste
ecord specifies a delayed effective date, but not an effective t is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after
D	
December 9 2020	<u> </u>
teo	
teo	orized representative of a member

Filing Fee: \$25.00