

To:

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2024-06-25 16:37:32 GMT

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From: Alex Pina

6/25/24, 12:17 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number (850) 487-1234

From:

Account Name: ALEX PINA CO

Account Number: 1000000000

Phone: (850) 487-1234

Fax Number: (850) 487-1234

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

Email Address: CLIENT@ALEXPINA.CO

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHALLENGER GROUP LLC

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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2024 JUN 25 AM 6:55

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T. LEMIEUX
JUN 26 2024

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Challenger Group 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 06/01/2021 and assigned
Florida document number L21000251912

This amendment is submitted to amend the following:

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

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)

1700 W New Haven Ave

Suite 395

Melbourne, FL 32904

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1700 W New Haven Ave

Suite 395

Melbourne, FL 32904

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:

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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CLERK OF CIRCUIT COURT
JULIA A. BROWN, CLERK
JULIA A. BROWN, CLERK

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>
AMBR	Carlos Andres Altamirano	8300 NW 102 Ave	<input type="checkbox"/> Add
		# 151	<input checked="" type="checkbox"/> Remove
		Doral, Florida 33178	<input type="checkbox"/> Change
AMBR	Karin Elisabeth Schroder	8300 NW 102 Ave	<input type="checkbox"/> Add
		# 151	<input checked="" type="checkbox"/> Remove
		Doral, Florida 33178	<input type="checkbox"/> Change
AMBR	Genesis Abigail Vargas Villalobos	1700 W New Haven Ave	<input checked="" type="checkbox"/> Add
		Suite 395	<input type="checkbox"/> Remove
		Melbourne, FL 32904	<input type="checkbox"/> Change
AMBR	Leonardo Rafael Tabasquez Riera	1700 W New Haven Ave	<input checked="" type="checkbox"/> Add
		Suite 395	<input type="checkbox"/> Remove
		Melbourne, FL 32904	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

