

L22000122464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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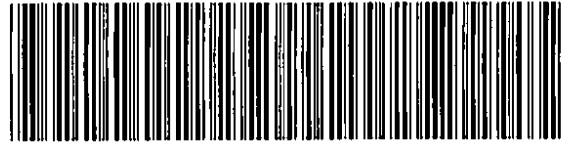
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAMPIONS TEAM TRAVEL AGENCY, 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:

CARLOS A. CORRALES
Name of Person
CHAMPIONS TEAM TRAVEL AGENCY, LLC
Firm/Company
417 NW 21st AVENUE, APT. 303
Address
MIAMI, FL 33125
City/State and Zip Code
early911210@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS A. CORRALES
Name of Person
786 873-4754
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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2023 SEP 11 09
TALLAHASSEE, FL
REGISTRATION SECTION

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

CHAMPIONS TEAM TRAVEL AGENCY, 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 03/10/2022 and assigned Florida document number L22000122464.

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: 995 SW 84th. AVENUNUE, APT. 303
(Principal office address MUST BE A STREET ADDRESS) MIAMI, FL 33144

Enter new mailing address, if applicable: 995 SW 84th. AVENUE, APT 303
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL 33144

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: DANIRIS SANTANA GONZALEZ
New Registered Office Address: 995 SW 84th. AVENUE, APT 303
Enter Florida street address
MIAMI, Florida 33144
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.

Dgzlez
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	CARLOS A. CORRALES	995 SW 84th. AVENUE, APT 303	<input type="checkbox"/> Add
		MIAMI, FL 33144	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DANIRIS SANTANA	995 SW 84th. AVENUE, APT 303	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 01/01/2023 (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 01/01 2023

Handwritten signature of Carlos A. Corrales

Signature of a member or authorized representative of a member

CARLOS A. CORRALES

Typed or printed name of signer

Vertical stamp: FILED IN 2023 JAN 11 11 30 AM

Vertical stamp: FILED