Division of Corporations

Florida Department of Stat

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(((H22000317958 3)))



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to:

Division of Corporations

Fax Number : (850)617-6383

From:

5

Account Name : PARASEC

Account Number : I20180000086

: (916)576-7000

: (800)603-5868

Fax Number

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

RLOPS@PARASEC.COM Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHAMPION PRINCIPAL SERVICES CHOICE LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

Help-linking

To: 18506176383 From: 19166105073 Date: 09/23/22 Time: 4:21 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION , ,

			OF	4		2
	*	 ,	•.			

	OF	4.	¢	
	731 - 1 1 73			
Champion Principal Services (Name of the Limited Liabil		now anno	ars on our records)	
(A Florid	la Limited Liability	Company)	
	C		09/01/2022	and assigned
e Articles of Organization for this Limited Liability C	Company were i	ned on _		and assigned
orida document number	_ _ '			
is amendment is submitted to amend the following:				
If amending name, enter the new name of the lin	nited liability co	mpany	here:	
,,				
Champion Principal Services LLC enew name must be distinguishable and contain the words "Lii	mited Liability Cou	many." the	designation "LLC" or the	he abbreviation "L.L.C."
			•	
iter new principal offices address, if applicable:				
rincipal office address MUST BE A STREET ADD	RESS)			
iter new mailing address, if applicable:				
Tailing address MAY BE A POST OFFICE BOX				
Halling address MAT BE A FOST OFFICE BOAY				
If amending the registered agent and/or registere	nd affice addre	s on our	records enter the	name of the new regist
ent and/or the new registered office address here:		,, (II (III	Cords, Carer vice	
Name of New Registered Agent:				
Name of New Registered Result.		,		
New Registered Office Address:		Finar J.	lorida street address	
		torue, 1	THE SECTION OF SECTION SAME	
			. Florid:	aZip Code
	(îry		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. Thereby confirm that the limited liability company has been notified in writing of this change.

To: 18506176383 From: 19166105073 Date: 09/23/22 Time: 4:21 PM Page: 04/05 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>	Name	Address	Type of Action
			□Add
			ERemove
			□Remove
			□ Change
			DAdd
			⊡Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			⊡Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ (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. September 13 Dated enature of a member or authorized representative of a member

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TOTAL - E ... 635 0

Typed or printed name of signee