

L22000486161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

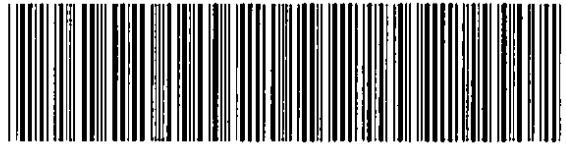
(Document Number)

Typed Copies _____

Certificates of Status _____

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Office Use Only



800399757788

FILED

2007 DEC 29 AM 10:39

2007 DEC 29 PM 3:59

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$25.00

AUTHORIZATION: _____

Champagne Taxes LLC

Jan Filler
L22000486161

Business Name _____

Document Number, (if known): _____

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait ___ Photocopy

___ **Certified Copy of Articles of Incorporation**

___ **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

___ **CORP**

___ **PLLC**

AMMENDMENTS

X Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution

___ Merger

___ **Conversion**

___ **Statement of Revocation of**

Dissolution

OTHER FILINGS

___ Annual Report

___ Fictitious Name

___ APOSTIL() _____

Country

___ Other

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHAMPAGNE TAXES 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.

Adrianna L. Travieso

Name of Person

CHAMPAGNE TAXES LLC

Firm/Company

477 Waseca Dr

Address

Lantana, FL 33462

City/State and Zip Code

Champagnetaxes@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrianna L. Travieso

561 3523256

at ()

Name of Person

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 DEC 29 AM 10:31

CHAMPAGNE TAXES 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 11/14/2022 and assigned
Florida document number 22000486161

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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City Florida 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

[illegible]

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

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2027 DEC 29 AM 10:39

SECRET
TALLAHASSEE, FL

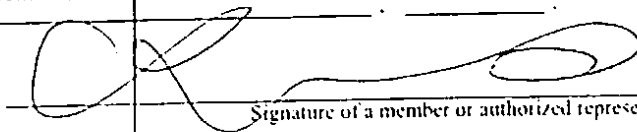
E. Effective date, if other than the date of filing: _____ (optional)

(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 December, 29 2022



Signature of a member or authorized representative of a member

Adrianna L. Travieso

Typed or printed name of signer

Filing Fee: \$25.00