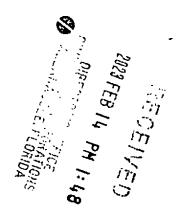
L23000053050

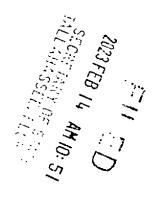
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	<u></u>
PICK-UP	MAIT	MAIL
(B	usiness Entity Name)	<u> </u>
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		
	1	J. HORNE FEB 15 2023

Office Use Only



200401638242





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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BIG CHAMP IN	IVESTMENT LLC	 -
Please Debit I200	000000257 For: \$ 25	
Thank you Seth 1	Neelev	
1.4	/	
AT 1/		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Air, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
1		Fictitious Search
	<u></u>	Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
	· · · · · · · · · · · · · · · · · · ·	- UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

,4.

COVER LETTER

TO:

TO:	Registration Sec Division of Cor				
CI'D IE/		IP INVESTMENT, LLC			
SUBJEC	JI; <u></u>	Name of Lim	ited Liability Company		
The enci	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		LUIS R. CALDERON	-		
			Name of Person		
		BELAIR ACCOUNTING	SERVICES, LLC		
			Firm Company		
1627 E. VINE STREET, SUITE 11			UITE 110		
Address					
		KISSIMMEE, FL 34744			
			City/State and Zip Code		
		BELAIRBAS@GMAIL.CO			
		E-mail address: (to be used for future annual report notif	lication)	
For furth	ner information co	oncerning this matter, please c	all:		
LUIS R	CALDERON		407 944-9262		
Name of Person				e Telephone Number	
Enclosed	l is a check for th	e following amount:			
☐ S25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address:	otion		
	Division of C		Registration Sec Division of Cor		
	P.O. Box 632	7	The Centre of T	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BIG CHAMP INVESTMENT, 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 02/03/2023	and assigned
Florida document number L23000053050		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	2" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1530 WEEPING WILLOW W	/AY
	HOLLYWOOD, FL 33019	
Enter new mailing address, if applicable:	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	5.5
		lorida
	Ciņ	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

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	KIIAWAN FRENGIE, ADEL A.		
			□Remove
			☐ Change
			□Remove
			Change
			ElRemove
			⊒Change
			
			□Remove
			
			URemove
			□Remove
			Change

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· 67° 1	02/14/2023
ian ell <u>Vote:</u>	ve date, if other than the date of filing: (optional) (extive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
	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
recor Lis fi	ed.
d is tī	FEBRUARY 14 2023
d is tī	FEBRUARY 14 , 2023 .
record is fi	

Filing Fee: \$25.00

COVER LETTER

TO:

TO: Registration Se Division of Cor				
	AP INVESTMENT, LLC			
SUBJECT:				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LUIS R. CALDERON			
	 	Name of Person		
	BELAIR ACCOUNTING	SERVICES, LLC		
	Firm Company			
	1627 E. VINE STREET, SUITE 110			
		Address		
	KISSIMMEE, FL 34744			
	BELAIRBAS@GMAIL.CO	City/State and Zip Code		
		to be used for luture annual report not	ification)	
For further information c	oncerning this matter, please e	all:		
LUIS R. CALDERON		407 944-9262		
Name of Person			ne Telephone Number	
linelosed is a check for th	ne 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		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of 1		
☐ \$25.00 Filing Fee Mailing Address Registration S Division of C	S30.00 Filing Fee & Certificate of Status Section Corporations	Certified Copy (additional copy is enclosed) Street Address: Registration Se Division of Cor	Certificate of Sta Certified Copy (additional copy is en ection rporations	

Tallahassee, FL 32303