## P20000 54918

| (R                      | equestor's Name)       |        |  |
|-------------------------|------------------------|--------|--|
| (A                      | ddress)                |        |  |
| (A                      | ddress)                |        |  |
| (C                      | ity/State/Zip/Phone #) |        |  |
| PICK-UP                 | ☐ WAIT                 | MAIL   |  |
| (B                      | susiness Entity Name)  |        |  |
| (Document Number)       |                        |        |  |
| Certified Copies        | Certificates of        | Status |  |
| Special Instructions to | o Filing Officer:      |        |  |
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Office Use Only



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2020 AUG 25 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FL

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: CHAMPIONSTARZING.                                                                                                                                                                                          |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| DOCUMENT NUMBER: P20000 54978                                                                                                                                                                                                   |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.                                                                                                                                                            |  |  |  |  |
| Please return all correspondence concerning this matter to the following:                                                                                                                                                       |  |  |  |  |
| Olivier Murad  Name of Contact Person                                                                                                                                                                                           |  |  |  |  |
| Firm/ Company 10500 SW 94TH AVE APT B305 Address                                                                                                                                                                                |  |  |  |  |
| MIAMI, FL 33176  City/ State and Zip Code                                                                                                                                                                                       |  |  |  |  |
| E-mail address: (to be used for future annual report notification)                                                                                                                                                              |  |  |  |  |
| For further information concerning this matter, please call:                                                                                                                                                                    |  |  |  |  |
| Olivier Murad at (786) 452-3229  Name of Contact Person Area Code & Daytime Telephone Number                                                                                                                                    |  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:                                                                                                                                   |  |  |  |  |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)                                                                             |  |  |  |  |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |  |  |  |  |

## Articles of Amendment to Articles of Incorporation

of

| CHAMPTONSTARZ                                                                                                                                                                                                   | TMC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - <u>0</u>          | 202               |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------|----------|
| (Name of Corporation as currently f                                                                                                                                                                             | filed with the Florida Dept. of State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del>-</del> 25-    |                   | esty     |
| P20000054978                                                                                                                                                                                                    | on the state of th | L A A               | ບຣ 2              | fores    |
| (Document Number of C                                                                                                                                                                                           | Corporation (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <del>3</del> 37     | <del>-01</del> -  |          |
| Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>Fla</i>                                                                                                                               | - ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     | 79                | ş ş      |
| its Articles of Incorporation:                                                                                                                                                                                  | orida Profit Corporation adopts the to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | llowyg              | amend             | ment     |
| ·                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | 23                |          |
| A. If amending name, enter the new name of the corporation:                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1.1                 |                   |          |
| Champion Starz In                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     | The n             |          |
| name must be distinguishable and contain the word "corporation," "cor<br>"Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p<br>"chartered," "professional association," or the abbreviation "P.A." | npany," or "incorporated" or the abbr<br>professional corporation name must                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | eviation<br>contain | i "Corp<br>the wo | "<br>ord |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)                                                                                                       | Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>            |                   | -        |
|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                   | -        |
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| C. Enter new mailing address, if applicable:                                                                                                                                                                    | 15-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                   |          |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                      | No. t. Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                     | ··                | _        |
|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                   | _        |
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|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                   | -        |
| D. If amending the registered agent and/or registered office address                                                                                                                                            | s in Florida, enter the name of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                   |          |
| new registered agent and/or the new registered office address:                                                                                                                                                  | • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                   |          |
| Name of New Registered Agent Oot A                                                                                                                                                                              | policable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                     |                   |          |
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| (l'Iorida street                                                                                                                                                                                                | address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                   |          |
| New Registered Office Address:                                                                                                                                                                                  | Placido                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                     |                   |          |
|                                                                                                                                                                                                                 | , Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (Zip Co             | <br>ode)          | -        |
|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                   |          |
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| New Registered Agent's Signature, if changing Registered Agent:                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                   |          |
| I hereby accept the appointment as registered agent. I am familiar with                                                                                                                                         | h and accept the obligations of the pos                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ition.              |                   |          |
|                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                   |          |
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| Signature of New Regi                                                                                                                                                                                           | istered Agent, if changing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                   |          |
| Check if annicable                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                   |          |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change          | <u>PT</u>    | John Doc       |                 |
|----------------------------|--------------|----------------|-----------------|
| X Remove                   | V            | Mike Jones     |                 |
| $\underline{X}$ Add        | <u>sv</u>    | Sally Smith    |                 |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>    | <u>Addres</u> s |
| 1) Change                  |              | Not Applicable |                 |
| Add                        |              | . ,            |                 |
| Remove                     |              |                |                 |
| 2) Change                  |              |                |                 |
| Add                        |              |                |                 |
| Remove 3) Change           |              |                |                 |
| Add                        |              |                |                 |
| Remove                     |              |                |                 |
| 4) Change                  |              |                |                 |
| Add                        |              |                |                 |
| Келюче                     |              |                |                 |
| 5) Change                  |              |                |                 |
| Add                        |              |                |                 |
| Remove                     |              |                |                 |
| 6) Change                  | _            |                |                 |
| Add                        |              |                |                 |
| Remove                     |              |                |                 |

| E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific) |
|------------------------------------------------------------------------------------------------------------------------------|
| Changing business email from "champions tarza                                                                                |
| changing business email from champions tarzo gmail.com, to; champions tarzinc agmail.com.                                    |
| $\cdot$ .                                                                                                                    |
| Changing Business name from CHAMPIONSTARZ                                                                                    |
| Changing Business Dame from CHAMPIONSTARZ<br>INC. To, Champion Starz IN Inc.                                                 |
| I made the mistake of not leaving spaces                                                                                     |
| So, Champion Starz Inc. is the corrected                                                                                     |
| _ nerel:                                                                                                                     |
| · · ·                                                                                                                        |
|                                                                                                                              |
|                                                                                                                              |
|                                                                                                                              |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,                             |
| provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)       |
| Not applicable                                                                                                               |
|                                                                                                                              |
|                                                                                                                              |
|                                                                                                                              |
|                                                                                                                              |
|                                                                                                                              |
|                                                                                                                              |
|                                                                                                                              |

| The date of each amendment(s) adoption date this document was signed.             | n: 08/12/2020                                                                                                                             | , if other than the                        |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| Effective date if applicable:                                                     | 08/3/2030<br>(no more than 90 days after amendment file o                                                                                 | late)                                      |
| Note: If the date inserted in this block document's effective date on the Departm | oes not meet the applicable statutory filing requirement of State's records.                                                              | ments, this date will not be listed as the |
| Adoption of Amendment(s)                                                          | (CHECK ONE)                                                                                                                               |                                            |
| The amendment(s) was/were adopted baction was not required.                       | y the incorporators, or board of directors without sha                                                                                    | areholder action and shareholder           |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient       | by the shareholders. The number of votes east for the start for approval.                                                                 | e amendment(s)                             |
|                                                                                   | by the shareholders through voting groups. The following group entitled to vote separately on the amend                                   |                                            |
| "The number of votes cast for the                                                 | amendment(s) was/were sufficient for approval                                                                                             |                                            |
| by <del>DAC</del> _                                                               |                                                                                                                                           |                                            |
|                                                                                   | (voting group)                                                                                                                            |                                            |
| Signature(By a director selected, by a                                            | president or other officer – if directors or officers he incorporator – if in the hands of a receiver, trustee, iciary by that fiduciary) |                                            |
|                                                                                   | (Typed or printed name of person signing)                                                                                                 |                                            |
|                                                                                   | (Title of person signing)                                                                                                                 |                                            |