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## **COVER LETTER**

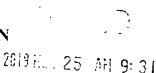
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TO:

TO: Registration Se Division of Cor				
	surance Partners LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jerry Knab			
		Name of Person		
	Compass Insurance Partner	rs LLC		
,		Firm/Company	<del>_</del>	
	3021 Manatee Ave W Suit	e A		
		Address		
	Bradenton , FL 34205			
		City/State and Zip Code		
	psaofflorida@gmail.com		wice and the	
For further information c	e-mail address: (	to be used for future annual report no all:	uncation)	
Jerry Knab	,	941 961-0779 at ()		
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for t	he following amount:			
<b>■</b> \$25,00 Filing Fee	☐ \$30.00 Fiting 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 Addres Registration		Street Address: Registration S	ection	
Division of Corporations		Division of Co	Division of Corporations	
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810	
Tallahassee,	FL 34314	2410 N. MOIII	ac outer, oute ora	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2



Compass Insurance Partners 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 11/04/2019 \_\_\_\_\_ and assigned Florida document number \_\_1.19000276232 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (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

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Cory Banks	1105 PALMA SOLA BLVD	□Add
		BRADENTON, FL 34209	■Remove
			□Change
			□Add
			Remove
		□ Change	
			🗆 Add
		<u> </u>	□Remove
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		☐ Change	

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Page 2 of 3

, ii aine	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	11/22 2019
	Signature of a member of authorized representative of a member
	Jerry Kna B  Typed or printed name of signee
	Typed or printed name of signee

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Filing Fee: \$25.00