

LO2 0000 33794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

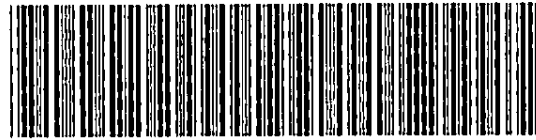
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/14/20--01003--001 **60.00

2020 FEB 10 12:44

R. WHITE
FEB 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPASS BUILDERS OF FLORIDA, 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:

TERRY JONES

Name of Person

COMPASS BUILDERS OF FLORIDA, LLC

Firm/Company

P.O. Box 6988

Address

MIRAMAR BEACH, FL 32550

City/State and Zip Code

terry@COMPASS BUILDERS FL.COM

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

For further information concerning this matter, please call:

TERRY JONES

Name of Person

at (850)

Area Code

654-9444

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

2020 JUN 13 PM 12:44

COMPASS BUILDERS OF FLORIDA, 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 12-14-2002 and assigned Florida document number L02000033794

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

495 Grand Blvd

Ste. 206

Miramar Beach, FL 32550

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

no change

P.O. Box 6988

Miramar Beach, FL 32550

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:

no change

495 Grand Blvd.

New Registered Office Address:

~~495 Grand Blvd~~ Ste. 206

Enter Florida street address

Miramar Beach

City

Florida

32550

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>AMBR</u>	<u>Jennifer L. Jones</u>	<u>2092 TRADEWINDS COVE</u> <input checked="" type="checkbox"/> Add
		<u>Miramar Beach, FL 32550</u> <input type="checkbox"/> Remove
		<u> </u> <input type="checkbox"/> Change
<u> </u>	<u> </u>	<u> </u> <input type="checkbox"/> Add
		<u> </u> <input type="checkbox"/> Remove
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		<u> </u> <input type="checkbox"/> Change
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		<u> </u> <input type="checkbox"/> Remove
		<u> </u> <input type="checkbox"/> Change

[illegible]

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 DEC 11 2019

Signature of a member or authorized representative of a member

Terry D. Jones
Typed or printed name of signee