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(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					

G. MCLEOD

AUG 3 0 2011

**EXAMINER** 



400211289684

08/29/11--01045--025 \*\*55.00

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## **COVER LETTER**

TO:	Registration Secti Division of Corpo		<b>)</b>			
SUBJE						
30 001			Management, LLC red Liability Company			
The en	closed Articles of An	nendment and fee(s) are sub-	mitted for filing.			
Please	return all correspond	ence concerning this matter	to the following:			
			Fonda L. Herrick	<u></u>		
Name of Person						
Compass Management, LLC						
Firm/Company						
			P.O. Box 20706			
			Address			
Tampa FL 33622						
			City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)					
For fur	ther information con-	cerning this matter, please ca	all:			
	Fonda	L. Herrick	41 ( )	66-3261		
	Name of Pe	erson	Area Code & Daytime T	elephone Number		
Enclos	ed is a check for the t	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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Compas	s Management, LLC	Ο , ,		
( <u>Name of the Limited Liabili</u> (A Florida	a Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	8/7/07	and a	assigned
Florida document numberL07000079425				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the we"L.L.C."	ords "Limited Liability Compa	any," the designation	n "LLC" or th	ne abbreviation
Enter new principal offices address, if applicable:	<del></del>		Anna Ir	
(Principal office address MUST BE A STREET ADD	RESS)			<u> </u>
<i>‡</i>				) [
Enter new mailing address, if applicable:			511 et - T	7 F*   "
(Mailing address MAY BE A POST OFFICE BOX)			المالية	) Transman
			J. O	1
				•
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		our records, <u>ente</u>	r the name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street d	address	
		, Florida		
	City		Zip Co	ode

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 608, 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

Transending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Address** Title Title <u>Name</u> Michael J. Tippin MGMR 10501 Chilmark Way Tampa EL 33626 ☐ Add ✓ Remove Remove ☐ Add ☐ Remove □Add Remove  $\prod Add$ Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 26 2011 Dated \_\_\_\_ Signature of a member or authorized representative of a member ERRICK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00