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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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AUG 1 5 2016 S. YOUNG SECRETARY OF STATE
TALL AHASSEE FLORIDA

COVER LETTER

SUBJECT:	Southern Co	ompass Realty 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	ndence concerning this matter	to the following:	
		Jerrod Mintern		
		-	Name of Person	
		Southern Compass Realty		
			Firm/Company	
		3909 w Cleveland St, STE	212	16 16 TALL
			Address	
		Tampa, FL 33609		AUG 12 AM 11: 50
			City/State and Zip Code	The state of the s
		jerrodm1@gmail.com		
For further in	formation co	e-mail address: (to be used for future annual report notifiall:	ication)
Jerrod Minter	rn		813 418-6797	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi	iling Fee	☐ S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

Southern Compass Realty LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on or Liability Company)	ur record <u>s.</u>)	
The Articles of Organization for this Limited Li Florida document number LO9000086448	were filed on $\frac{9/8/2009}{}$		and assigned	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	oility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designat	ion "LLC" or the abbrev	The second
Enter new principal offices address, if applic	able:	3909 w Cleveland St,	STE 212 Tampa, FL 3	3609
(Principal office address MUST BE A STREE	T ADDRESS)			5
				2 SEC
Enter new mailing address, if applicable:		3909 w Cleveland St,	STE 212 Tampa, FL 3	3609
(Mailing address MAY BE A POST OFFICE I	BOX)			1, FL 33609 12 STECK OF STARY
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:			records, enter the	name of the nev
New Registered Office Address:	3909 w Clevela	and St, STE 212		
-		Enter Florida stre	eet address	
	Tampa		, Florida 33609	
		City	2	ip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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Note: If the date inscrted in thi	nust be specific and cannot be prior to date of fil	(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed	:07 (3 as th
e record specifies a dela The 90th day after the	red effective date, but not an effective date, but not an effective date.	ctive time, at 12:01 a.m. on the earlier	of:
7/14 Pated	2016	•	
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Page 3 of 3

Filing Fee: \$25.00