L110000 57727

Office Use Only



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COVER LETTER

Division of Corporations				
Compass P	etroleum, LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Arifur Bhandari			
		Name of Person		
	Compass Petroleum, LLC			
		Firm/Company	-	
	1331 North Blvd West			
		Address		
	Leesburg, FL 34748			
		City/State and Zip Code		
	arifurb@gmail.com			
	E-mail address: (i	to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please ca	all:		
Arifur Bhandari		516 946-9869 at ()		
Name o	f Person	at ()	Telephone Number	
Produced to a decade found	C. H			
Enclosed is a check for the	_			
\$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)	

TO:

Registration Section

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

Compass Petroleum, LLC			
(Name of the Limi	ited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
he Articles of Organization for this Limited Lorida document number L11000053727	iability Company were	filed on 05/06/2011	and assigned
is amendment is submitted to amend the following	lowing:		
If amending name, enter the new name of	of the limited liability co	ompany here:	
e new name must be distinguishable and contain the		npany," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		
<u>rincipal office address MUST BE A STREI</u>	<u>ET ADDRESS)</u>		
nter new mailing address, if applicable:	**************************************		
lailing address MAY BE A POST OFFICE	<u></u>		
			
. If amending the registered agent and	/or registered office a	ddress on our records,	enter the name of the
gistered agent and/or the new registered o	ffice address here:		<u> </u>
			SEP
Name of New Registered Agent:	Arifur Bhandari		+ 1 + 2 + N >
New Registered Office Address:	1331 North Blvd Wes	t	
		Enter Florida street address	
	Leesburg	, Flori	da 34748,
		itv	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Hammadur Bhandari	1331 North Blvd West	
		Leesburg, FL 34748	_ ■ Remove
MGR	Arifur Bhandarí	1331 North Blvd West	■ Add
		Leesburg, FL 34748	☐ Remove
			☐ Change
			Add
			□ Remove
			Change
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		09/17/20)15		<u> </u>		
f an effe Note:	ve date, if other than the da ective date is listed, the date must be If the date inserted in this block ent's effective date on the Depa	specific and cannot be p does not meet the app	olicable statutory filin		iling.) Pursuar		
	ord specifies a delayed e 90th day after the record		not an effective t	ime, at 12:01 a	m. on the	earlie	er of
Dated _	September 17th	2015					
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		c/ // 1	uthorized representative	of a mambar			

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Typed or printed name of signee

Filing Fee: \$25.00