## #\_12000116366

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

URIFCE, EL COMPAS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and Iee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street, Suite 801

Address

Aventura, FL 33180

City/State and Zip Code

ir.io@serberlawfirm.com

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

For further information concerning this matter, please call:

Danilo Jimenez

305 932-6262

Name of Person

Area Code & 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)

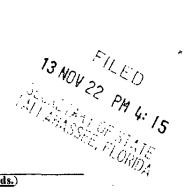
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



EL COMPAS, 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 09/11/2012	and assigned
Florida document number L12000116366	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.I.C."	ords "Limited Liability Company," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
(Mulling diagress MAT BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	

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

If amending 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

<u>Title</u>	Name	Address	Type of Action
MGR	UNGARO ECHAGUE, SPIRO M	1180 A E. Hallandale Beach Blvd	Add
		Hallandale Beach, FL 33009	Remove
MGR	S & A Company Management, LLC	2875 NE 191st Street, Suite 801	- Add
		Aventura, FL. 33180	Remove
			- -
			_ L Add
			Remove
	•		Add
			Remove
<del></del>			Add
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Amen eddingar) sheets of necessary)
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Spino M: lufter 1
Signature of a member of authorized representative of a member
Spiro M Ungaro Echague - Manager typed or presed some of signice

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