L1300006405

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SECRETARY OF STATE
MALLAHASSEE, FLORIDA

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· COVER LETTER

TO:

Registration Section
Division of Corporations

SUR IFCT.

Blue Compass Logistics Group, 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:

Name of Person

Blue Compass Logistics Group, LLC

Firm/Company

7218 Nia Ln

Address

Tampa, FL 33625

City/State and Zip Code

contact.bclgroup@gmail.com

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

For further information concerning this matter, please call:

Manuel J Castillo

_813、**419-094**7

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)

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

BLUE COMPASS LOGISTICS GROUP, 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 Liab Florida document number <u>L1300006405</u>	ility Company were filed on	January 14, 2013	_and assigned	
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	ne limited liability company	here:		
P445				
The new name must be distinguishable and end with "L.L.C."	he words "Limited Liability Co	ompany," the designation "LLC	C" or the abbreviation	
Enter new principal offices address, if applicat	le:	.=-		
(Principal office address MUST BE A STREET	ADDRESS)			
			areaping.	
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		SES SES	-	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	—————————————————————————————————————		
	· ·		ක් ව පා	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:				
	Enter Florida street address			
	City	, Florida	Zip Code	
	City		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 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 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>	<u>Name</u>	Address	Type of Action
MGRM	FREDDY A CASTILLO	7218 NIA LN	Add
		TAMPA, FL 33625	Remove
		·	
			Add
			Remove
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			Add
		 	Remove

D.	If an	nending any other info	rmation, enter c	hange(s) here	: (Attach additional sh	eets, if necessary.)
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Da	ted_	lanuary 14	, ,	2013		
		Manuel (Coolle		ized representative of a	
		MANUEL J	Signature of a mo	ember or author O	ized representative of a	member

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

