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(Requestor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporati	ons		/ / /
SUBJ	ECT:	Name of Limit	Investment,	
The ei	nclosed Articles of Amend	iment and fee(s) are subn	nitted for filing.	
Please	return all correspondence	concerning this matter to	o the following:	
		G	ioua Mai Mi	COSIA
		Compa	Name of Person SSI' TA VEST M Firm/Company	ent, LCC
		4175 1	Guir Rd #//	<u>// </u>
		E-mail address: (to	City/State and Zip Code (1) 5 - 1 (1) be used for future annual report notice	MCC/Osing S. Com
	rther information concern	ing this matter, please cal	II:	
	Name of Person	1 ((0/1/2)	$\underbrace{\begin{array}{ccc} \text{at } (\underline{G}) & \underline{7} & 7$	(-5556) e Telephone Number
Enclos	sed is a check for the follo	owing amount:		
\$ 52	25.00 Filing Fee S	530.00 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 curv 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

)F

Compass,	Investment, CCC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on $\frac{4/9/13}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	20
	Enter Florida street address , Florida
	City Florida & Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I further agree to comply with th

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Firstray Group		
	ţ		Remove
NO 60	 	, , ,	Change
MGR	Ironhill Holdings,	Linited	Mdd
		Marina Tours suin	Remove
		Marina Tours suin Newtour BARRACKS	Ros Change
		Belize City Belize	Add
		Behze City Behze Central America	□ Remove
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ective date, if other (effective date is listed, th		ing: and cannot be prior to date of filing or more t	(optional) han 90 days after filing.)	Pursuant to 605.020
e: If the date inserted ument's effective date		t meet the applicable statutory filing red f State's records.	quirements, this date w	vill not be listed as
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		e date, but not an effective time	e, at 12:01 a.m. o	n the earlier o
he 90th day after	the record is file	d.		
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ed				8 1/1
ed	Signature	a member or authorized representative of a	member ;	8 MOY 2
ed	Signatureof	- A I	member ;	18 MOY 20 PM

Page 3 of 3

Filing Fee: \$25.00