

L13000074251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

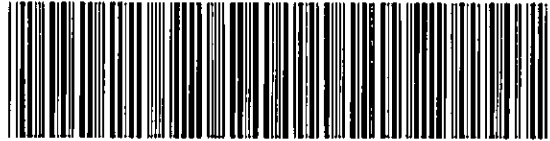
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/10/2021 09:27:00 ***00.00

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2021 SEP 10 PM 3:55
CLERK OF COURT
TALLAHASSEE, FLORIDA

Y C 111

5.5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Compass Outfitters, 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:

Beth Lewis

Name of Person

Southern Compass Outfitters, LLC

Firm/Company

1817 Thomasville Road, Ste. 610

Address

Tallahassee, FL 32303

City/State and Zip Code

beth@southerncompassoutfitters.com

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

For further information concerning this matter, please call:

Beth Lewis

850

597-3015

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Southern Compass Outfitters, 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 05/21/2013 and assigned
Florida document number L13000074251.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1817 Thomasville Road, Ste. 610

(Principal office address MUST BE A STREET ADDRESS)

Tallahassee, FL 32303

Enter new mailing address, if applicable:

1507 Argonne Road

(Mailing address MAY BE A POST OFFICE BOX)

Tallahassee, FL 32308

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Anne Elizabeth Lewis

New Registered Office Address:

1507 Argonne Road

Enter Florida street address

Tallahassee

Florida

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 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

FILED
2021 SEP 10 PM 2:00
CLERK OF STATE
TALLAHASSEE, FL

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mary Frances Andree	3727 Bobbin Brook Way	<input type="checkbox"/> Add
		Tallahassee, FL 32312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lansing M. Lewis	1507 Argonne Road	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change name of Authorized Member from
Elizabeth Anne Lewis to read Anne
Elizabeth Lewis.

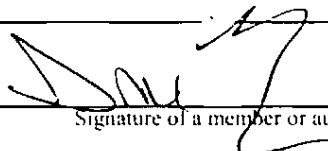
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 10, 2021



Signature of a member or authorized representative of a member

Anne Elizabeth Lewis, Authorized Member

Typed or printed name of signee