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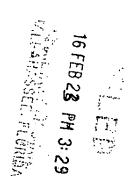
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COVER LETTER

TO:	Registration Sec Division of Corp			
CUD I	COMPA	SS PROPERTY MANAGEM	ENT GROUP, LLC	
SUBJ	ECT:	Name of Limi	ted Liability Company	
The en	nclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	to the following:	
		Deborah A Burley		
			Name of Person	
		Compass Property Manage	ment Group, LLC	
			Firm/Company	
		8153 Pine Springs Lane		
			Address	
		Jacksonville, FL 32244		
			City/State and Zip Code	
		DebbieBurley@comcast.net		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
For fu	orther information co	E-mail address: (to	to be used for future annual report notificall:	ганоп)
Deboi	rah A Burley		904 509-6324 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	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

COMPASS PROPERTY MAN	· · · · · · · · · · · · · · · · · · ·		
(Name of the Lim	ited Liability Company as it now appears o (A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited I		.1/2013	and assigned
Florida document number L13000147857	·		
This amendment is submitted to amend the fol	lowing:		
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 design	gnation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			16
Mailing address MAY BE A POST OFFICE	E BOX)	France State	FF
		(n)	<u>⊗</u>
			
B. If amending the registered agent and	l/or registered office address on o	ur records, enter the	name of the
registered agent and/or the new registered of	office address here:		29
Name of New Registered Agent:	Deborah A Burley		 .
New Registered Office Address:	8153 Pine Springs Lane		
	Enter Florido	street address	
	Jacksonville	, Florida ³²²⁴⁴	
	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.

Pelpra A Burley
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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00