

214 000 163434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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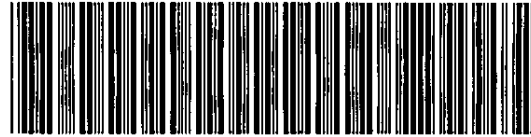
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Compass Point Homes, 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:

Brian Shaffer

Name of Person

Compass Point Homes, LLC

Firm/Company

17019 Dorman Road

Address

Lithia, FL. 33547

City/State and Zip Code

brianshaffer18@gmail.com

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

For further information concerning this matter, please call:

Brian Shaffer

Name of Person

at 941 735-9922

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**

Compass Point Homes, 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 06/27/2014 and assigned
Florida document number L14000103434.

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 end with the words "Limited Liability 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)

17019 Dorman Road
Lithia, FL. 33547

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17019 Dorman Road
Lithia, FL. 33547

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:

Brian Shaffer

New Registered Office Address:

17019 Dorman Road

Enter Florida street address

Lithia

City

, Florida

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.

B. Shaffer
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Brian Shaffer	17019 Dorman Rd	<input checked="" type="checkbox"/> Add
		Lithia, FL. 33547	<input type="checkbox"/> Remove
MGR	James Roy	5668 FishHawk Blvd	<input type="checkbox"/> Add
		Lithia, FL. 33547	<input checked="" type="checkbox"/> Remove
MGR	Brian Shaffer	5668 FishHawk Blvd	<input type="checkbox"/> Add
		Lithia, FL. 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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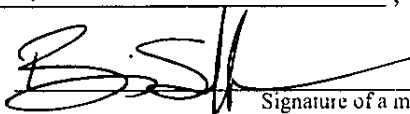
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 2nd, 2014



Signature of a member or authorized representative of a member

Brian Shaffer

Typed or printed name of signee

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Filing Fee: \$25.00

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