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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

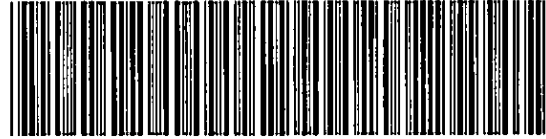
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PATRONE, KEMP  
& BENTLEY, P.A.

WILLS • TRUSTS • ESTATES • GUARDIANSHIP

ANDRE J. PATRONE, Esq.\*  
KENNETH E. KEMP, II, Esq., LL.M.  
ELIZABETH C. BENTLEY, Esq.  
T. BRANDON MACE, Esq.  
JULIAN D. GONZALEZ, Esq., LL.M.

June 28, 2021

\* Admitted in Florida and Illinois

Via Certified Mail No. 9314 8699 0430 0083 9088 84

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Compass Professional Accounting Solutions of SWFL, LLC

Dear Sir or Madam:

Enclosed please find an Articles of Amendment to Articles of Organization of Compass Professional Accounting Solutions of SWFL, LLC, changing Richard DeStefano, a current Authorized Member, to Richard A. DeStefano, Trustee of the Richard A. DeStefano Trust, as an Authorized Member. (S)

Also enclosed please find a check in the amount of \$25.00 representing the filing fee.

If you have any questions or require any additional information, please feel free to contact our office.  
Regards.

Very truly yours,

PATRONE, KEMP & BENTLEY, P.A.

By: Kenneth E. Kemp, II ms  
Kenneth E. Kemp, II  
(Signed in his absence to avoid delay.)

KEK/md  
enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Compass Professional Accounting Solutions of SWFL, 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:

Richard DeStefano

Name of Person

Compass Professional Accounting Solutions of SWFL, LLC  
Firm/Company

15110 Ports of Lora Dr., B104  
Address

Fort Myers, FL 33908  
City/State and Zip Code

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

For further information concerning this matter, please call:

Richard DeStefano

Name of Person

at (239)

Area Code

464-0530

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**

Compass Professional Accounting Solutions of SWFL, 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 12-04-2014 and assigned Florida document number L14000186171.

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:**

**(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 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:

New Registered Office Address:

*Enter Florida street address*

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**

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	Richard A. DrStefano, TREC of the Richard A. DrStefano Revocable Trust U/A/D 11/15/2015	15110 Portals of Iona Dr., B104	<input type="checkbox"/> Add
		Fort Myers, FL 33908	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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11-11-74 AM 24

(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)

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 2.07.2021 . 6/17/2021

Richard A. DeStefano, Trustee of the Richard A. DeStefano Revocable Trust v/dtd 11-18-2015  
Typed or printed name of signer