

L15 0000014275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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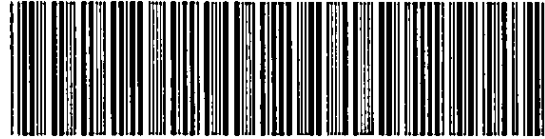
(Business Entity Name)

(Document Number)

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JUN 23 2021

2021 JUN 23 12:45

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Compass CG, 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:

David W. McCoy  
Name of Person

Compass CG, LLC  
Firm/Company

8734 Galloway Trl  
Address

Novelty OH 44072  
City/State and Zip Code

david.mccoy@compass-llc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David McCoy  
Name of Person

619 925-1647  
at ( ) 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

2022. -8 5:12:49

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**This amendment is submitted to amend the following:**

Compass CG, LLC

**Enter new principal offices address, if applicable:**

8734 Galloway Tri

Novelty OH 44072

8734 Galloway Trl

Novelty OH 44072

## Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

## Florida

City:

Zip Code

*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>
MGR	David W. McCoy	8734 Galloway Trl	<input type="checkbox"/> Add
		Novelty OH 44072	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Shanna M. McCoy	8734 Galloway Trl	<input type="checkbox"/> Add
		Novelty OH 44072	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Need to change address for MGR and remove Shanna M. McCoy as AP.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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 June 3 2020

Signature of a member or authorized representative of a member

David W. McCoy

Typed or printed name of signee

**Filing Fee: \$25.00**