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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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	Registration Se Division of Cor						
eun irz	Compass R	V Park of St. Augustine, LLC					
SUBJECT: Name of Limited Liability Company							
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		J. Geoffrey Pflugner					
			Name of Person	,			
		Icard, Merrill, Cullis, Tim	m, Furen & Ginsburg, P.A.				
		,	Firm/Company				
	Address Bradenton, FL 34202 City/State and Zip Code						
		jptlugner@icardmerrill.con	to be used for future annual report notif				
For furth	er information c	oncerning this matter, please co	·	ication			
J. Geoffi	rey Pflugner		941 907-0006				
	Name o	f Person	at () Area Code Daytime	e Telephone Number			
Enclosed	l is a check for th	ne following amount:					
\$25.0	00 Filing Fee	S30.00 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 RV PARK OF ST. AUGUSTINE, LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>~)</u>
The Articles of Organization for this Limited Liability Compan	y were filed on 10/20/2015	and assigned
Florida document number L15000178022		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
COMPASS QUEST, LLC		
he new name must be distinguishable and contain the words "Limited Liab	oility 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)		<u></u>
inter new mailing address, if applicable:		CO 15.
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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		<u></u>
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he		, entersthe name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	ý
	, Flo	orida
_ _	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the date of filing:	(optional)
in effective date is listed, the date must be specific and cannot be prior to date of tili tote: If the date inserted in this block does not meet the applicable statutor	
ocument's effective date on the Department of State's records.	.,
record specifies a delayed effective date, but not an effective	ctive time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	
. June 7 2018	
ated June 7	
Character	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00