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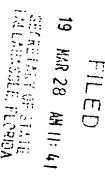
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COVER LETTER

Division of Cor	rporations		
" CÓMPASS	S MANAGEMENT, LLC.		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JORGE C. PEREZ		
		Name of Person	
	COMPASS MANAGEME	ENT, LLC.	
		Firm/Company	
	8355 W. FLAGLER ST. #	244	
		Address	
	MIAMI, FL. 33144		
	FLORIDA@COMPASSMA	City/State and Zip Code ANAGEMENTLLC.COM	
	E-mail address: (to be used for future annual report notit	ication)
For further information c	oncerning this matter, please c	all:	
JORGE C. PEREZ		786 325-5203	
Name o	f Person	at () Area Code — Daytime	: Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section

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

BUY FL HOUSES, LLC.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	.)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.17000024735}{}$. This amendment is submitted to amend the following:	were filed on 01/31/2017	and assigned		
A. If amending name, enter the new name of the limited liab	ility company here:			
COMPASS MANAGEMENT, LLC.				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	8355 W FLAGLER ST. #244.			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. 33144			
Enter new mailing address, if applicable:	8355 W. FLAGLER ST. #244			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL. 33144			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:				
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document is		

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>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Remove
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			Change 20 Add
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Effec	ctive date, if other than the	e date of fili	ng:	4. 1	(0)	optional)	405 0307
Note	: If the date inserted in this l	plock does not	t meet the appli	cable statutory f	r more man 90 days ling requirements	this date will no	t be listed as
docui	ment's effective date on the	Department of	`State's record:	S.			
la a				_t	atimaa at 17.	01	n namine of
	ecord specifies a delaye e 90th day after the re			ot an ellectiv	e time, at 12:	or a.m. on the	e earner or
	MADCHEN		3010				
	MARCH 21 d		2019				
Dated		/	[]	f.			
Dated							
Dated	t-	Signature of	a member or aut	norized representa	ive of a member		
Dated	JÖRGE C. PEREZ	Signature of	a member or aut	norized representa	ive of a member	·	

Page 3 of 3

Filing Fee: \$25.00