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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Compabis Cardz 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:
Nelson Rodriquez V.
Name of Person )  (a) A L L C
7332 Galiano Street
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Volague 7 1. at (855) 718 2273 (Cxt. 2)  Name of Person Daytime Telephone Number
Englosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L17000750469}$ .	were filed on $17-06-7$	$\frac{20/7}{2}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		8 SB
		<del></del>
		<b>o</b> 287
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		5 GF
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he  Name of New Registered Agent:	<del>-</del>	nter the name of the no
Name of New Registered Agent.		<u> </u>
New Registered Office Address:	Enter Florida street address	
	F1t.	1.
	Floric	18

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 **Address** <u>Title</u> Name Type of Action ☐ Remove ☐ Change □ Add ☐ Remove

\_□ Change

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	Par 1
	<u>.</u>
Effec	tive date, if other than the date of filing:
Hane Note:	flective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste
	ment's effective date on the Department of State's records.
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	e 90th day after the record is filed.
	-tb
Dater	September 17th. 2018.
Date	
	Signature of a member or authorized representative of a member
	4

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Filing Fee: \$25.00