

L18000052948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

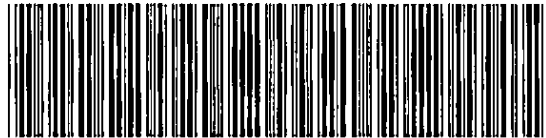
(Business Entity Name)

(Document Number)

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FILED
18 JUL 17 PM 5:54
CLERK OF COURT
JUL 17 2018

K SALY
JUL 23 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPASS LAND & TITLE LLC OF TAMPA
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:

PHILLIP B YOST

Name of Person

COMPASS LAND & TITLE LLC OF TAMPA

Firm/Company

1609 W. DE LEON STREET

Address

SECOND
FLOOR

TAMPA FL 33606

City/State and Zip Code

PYOST@COMPASSLANDANDTITLE.COM

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

For further information concerning this matter, please call:

PHIL YOST

Name of Person

at (813) 765-8466

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 LAND & TITLE, LLC OF TAMPA

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

FILED
18 JUL 17 PM 5:54
CLERK OF CIRCUIT COURT
STATE OF FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2-28-18 and assigned
Florida document number L18000052948

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

COMPASS LAND & TITLE OF TAMPA, LLC

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)

1609 W DE LEON STREET
2ND FLOOR
TAMPA FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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

City, Florida 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

NAME CHANGE ONLY

+

NEW ADDRESS

TAX ID #

82-5524600

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JUL 17 PM 5:54
18

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

JULY 16 2018


Signature of a member or authorized representative of a member

PHILLIP B YOST

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company

~~COMPASS LAND & TITLE, LLC OF ST PETERSBURG~~Filing Information

Document Number L18000053096

FEI/EIN Number NONE

Date Filed 02/28/2018

Effective Date 02/27/2018

State FL

Status ACTIVE

Principal Address~~360 CENTRAL AVE
SUITE 450
SAINT PETERSBURG, FL 33701 UN~~Mailing Address~~360 CENTRAL AVE
SUITE 450
SAINT PETERSBURG, FL 33701 UN~~Registered Agent Name & Address~~YOST, PHILLIP B
360 CENTRAL AVE
SUITE 450
SAINT PETERSBURG, FL 33701~~Authorized Person(s) Detail**Name & Address**

Title MGR

YOST, PHILLIP B
360 CENTRAL AVE
SAINT PETERSBURG, FL 33701Annual Reports**No Annual Reports Filed**Document Images

02/28/2018 -- Florida Limited Liability | View image in PDF format

CHANGE TO

COMPASS LAND & TITLE OF
TAMPA, LLC1609 W DE LEON ST.
2ND FLOOR
TAMPA FL 33606