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COVER LETTER

TO:

CUBIC		SENIOR SOLUTIONS CARE	E MANAGEMENT LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
TO: Registration Section Division of Corporations COMPASS SENIOR SOLUTIONS CARE MANAGEMENT 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: MONET GILLIAM Name of Person COMPASS SENIOR SOLUTIONS CARE MANAGEMENT LLC Firm/Company 325 FEATHER PLACE Address LONGWOOD, FL 32779 City/State and Zip Code monet.compass@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MONET GILLIAM Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Selection Certificate of Status Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee					
		MONET GILLIAM			
			Name of Person	-	
		COMPASS SENIOR SOL	UTIONS CARE MANAGEMEN	r llc	
			Firm/Company		
		325 FEATHER PLACE			
			Address		
		LONGWOOD, FL 32779			
		City/State and Zip Code			
		• •			
		E-mail address: (to be used for future annual report no	ification)	
For furth	er information c	oncerning this matter, please ca	all:		
MONET	GILLIAM				
	Name o	f Person		nc Telephone Number	
Enclosed	l is a check for th	ne following amount:			
■ \$2 5.	00 Filing Fee	_	Certified Copy	Certificate of Status &	
				ection	
	P.O. Box 632	27			
	Tallahassee,	FL 32314	2415 N. Monn	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COMPASS SENIOR SOLUTIONS CARE MANAGEMENT LLC

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

The Articles of Organization for this Limited Liability Company Florida document number L18000079098	were filed on 03/28/2018 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of th</u>	ne new registered
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	m D
 -	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>	Address	Type of Action
MGR	Lumaric Cordeiro De Jesus	538 New England Court	□Add
		Apt 305	≣Remove
		Altamonte Springs, FL 32714	□Change
MGR	Melvin Gilliam	1122 E Lincoln Highway	■Add
		Coatesville, PA 19320	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□ Remove
			☐ Change

Page 2 of 3

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
Note: If	e date, if other than the date of filing:
the reco) The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed.
Dated	2020
	Signature of a member or authorized representative of a member
	Monet Gilliam Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00