

h18000187677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

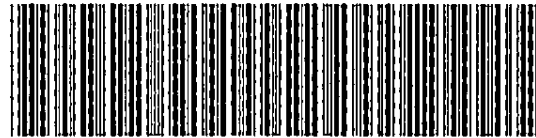
(Business Entity Name)

(Document Number)

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FILED  
2021 SEP -7 AM 9:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

SEP 11 2021

August 26<sup>th</sup>, 2021

In reference to:

The Amendment of:

Compass Remodeling and Construction, LLC

Document Number: L18000187677

To whom it may concern:

I, Yoani Ramos would like to change the name of Compass Remodeling and Construction, LLC to Compass Property Care, LLC.

Compass Property Care, LLC was also my company which I dissolved- document number L21000034208.

Per my request, please amend Compass Remodeling and Construction, LLC to **Compass Property Care, LLC**.

If you have any questions, please feel free to contact myself or Klarissa Ramos at the numbers below.

Yoani Ramos

A handwritten signature in black ink, appearing to be 'Yoani Ramos', with a stylized, cursive script.

786-768-8959

786-971-8721

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Compass Remodeling and Construction 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:

Yoani Ramos  
Name of Person  
Compass Remodeling and Construction LLC  
Firm/Company  
600 E 17<sup>th</sup> St., Hialeah, FL 33010  
Address  
City/State and Zip Code  
ryoani95@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yoani Ramos at 786 971-8721  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Compass Remodeling and Construction 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 were filed on 8/6/2018 and assigned  
Florida document number L18000187677.

This amendment is submitted to amend the following:

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

COMPASS PROPERTY CARE 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)**

600 E 17th St  
Hialeah, FL 33010

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

600 E 17th St  
Hialeah, FL 33010

**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

Florida

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**

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being  
removed from our records:

**iGR = Manager**

**MBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

Dated 8/26, 2021

Yoani Ramos

**Filing Fee: \$25.00**