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(R	Requestor's Name)
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(C	City/State/Zip/Phone #)
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(È	Business Entity Name)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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TO: Registration Se				
Division of Co	rporations			
Compound SUBJECT:	d Family Offices, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Scott Gurr			
	Compound Family Offices,	Name of Person		
		Fami/Company		
	2033 Main Street, Suite 20	2		
		Address		
	Sarasota, Florida 34237			
	sgurr@compoundfamilyoffic	City-State and Zip Code es.com	ç.	
	E-mail address: (to be used for future annua	d report notification	341)
For further information e	concerning this matter, please c	all:		
Scott Gurr		941 6 at ()	85-9953	
Name o	of Person	Area Code	Daytime Tel	ephone Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy radditional copy is er		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registra Division Clifton 2661 Ex	ET/COURIER : ation Section n of Corporation Building Accutive Center ssee, FL 32301	15

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Compound Family Offices, 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 August 14, 2018	and assigned
Florida document number L18000194230	

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

2033 Main Street, Suite 202

Sarasota, Florida 34237

2033 Main Street, Suite 202

Sarasota, Florida 34237

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Ftorida	Zur Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u> Scott Gurr	<u>Address</u> 2033 Main Street, Suite 202	Type of Action
MGR	<u></u>		🔜 🔤 Add
		Sarasota, Florida 34237	
			Remove
			Change
MGR	Erik Popham	2033 Main Street, Suite 202	
		Sarasota, Florida 34237	i Add
			Remove
			Change
	Morgan Noble		Add
			Remove
			Change
			🗆 Add
			🗖 Remove
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D. IF amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 October 24, 2018 Signature of a member of authorized representative of a member Scott Gurr Typed or printed name of signee

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Filing Fee: \$25.00