L 19000196961

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700334786487

03/25/20--01003--002 **25.00

MAR 1.6 A 10: 56

MAR 2 0 2020

D CONNELL

COVER LETTER

TO: Registration Section
Division of Corporations

OFFICE AND ADDRESS.	Solutions Integrated			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filling.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Brian Anderson			
		Name of Person		
		Firm/Company		
	P.O. Box 1235			
	N D . D' L . DL 244	Address		
	New Port Richey, FL 346	City/State and Zip Code		
	Brian@QP3.com	Chystate and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Brian J. Anderson		727 742-9319 at ()		
Name (of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of O	Section	Street Address: Registration Se Division of Co		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Compass Solutions Integrated, (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 ____ Florida document number 1.19000196961 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Compass Training Solutions, 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) P.O. Box 1235 Enter new mailing address, if applicable: New Port Richey, FL 34656 (Mailing address MAY BE A POST OFFICE BOX) 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

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
			□Add
		 	□Add
			□Remove
			□ Change
			□Add
			□Remove
			DAdd
			□Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
			DAdd
			□Remove
			□Change

	
	
 	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	e date of filing:
he record specifies a delayed effecti- ord is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated March 9	2020
Bul And	Signature of a member or authorized representative of a member
	Segment of a station of the entitles of the entitles of the invitation
Brian J. Anderson	Typed or printed name of signee

Filing Fee: \$25.00