

W19 000292318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

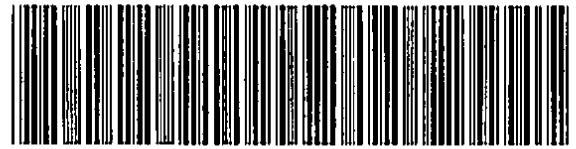
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Certificates of Status \_\_\_\_\_

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11/12/21--01010--005 \*\*25.00

12-16-21  
TAS,  
2021 NOV 12 AM 10:50  
CLERK OF SUPERIOR COURT  
HARRISBURG, PA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Northern Compass Investments, 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:

Ruth Rubi

\_\_\_\_\_  
Name of Person

Northern Compass Consulting, LLC

\_\_\_\_\_  
Firm/Company

1830 N. University Drive, #133

\_\_\_\_\_  
Address

Plantation, FL 33322

\_\_\_\_\_  
City/State and Zip Code

rrubi@nccassociates.com

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

For further information concerning this matter, please call:

Ruth Rubi

305

588-8690

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:



\$25.00 Filing Fee



\$30.00 Filing 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 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**

Northern Compass Investments, 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 11/26/2019 and assigned Florida document number L19000292318.

This amendment is submitted to amend the following:

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

Northern Compass Consulting, 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)**

8615 NW 169 Terrace

Miami Lakes, FL 33016

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

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

1830 N. University Drive, # 133

Plantation, FL 33322

**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:

Ruth Rubi

New Registered Office Address:

8615 NW 169 Terrace

*Enter Florida street address*

Miami Lakes

Florida 33016

*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**

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>
AMBR	Claire Michele Rice	1130 NW 78 Terrace	<input type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Larry Rice	1130 NW 78 Terrace	<input checked="" type="checkbox"/> Add
		Plantation, FL 33322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ruth Rubi	8615 NW 169 Terrace	<input checked="" type="checkbox"/> Add
		Miami Lakes, FL 33016	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 NOV 12 AM 10:51  
SECRETARY'S OFFICE  
FLORIDA DEPARTMENT OF  
TRANSPORTATION

221 NOV 12 AM 10:31  
ATLANTA, GA  
ATLANTA, GA

2221 NOV 12 AM 10:31  
FBI - PHOENIX  
FBI - PHOENIX

(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)

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 November 8, 2021

Deeth Paul  
Signature of a member or authorized representative of a member

Ruth Rubi

Typed or printed name of signee

**Filing Fee: \$25.00**