## 12000081454

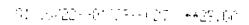
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## **COVER LETTER**

Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations .					
OUD IDOT	Sextant Solutions, L.L.C.				
Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:			
	Laura Rex				
		Name of Person	<del></del>		
	Compass & Sextant Solution	ons, L.L.C.			
		Firm/Company			
	PO Box 3271				
		Address			
	Placida, FL 33946				
	<u></u>	City/State and Zip Code			
	Laura.Rex@c-ss.com	to be used for future annual report noti	fication)		
For further information co	oncerning this matter, please co				
Laura Rex		404 734-4814			
Name o	f Person		e Telephone Number		
Enclosed is a check for the	ne 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 Addres		Street Address:	aki am		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa  (A Florida Limited I	ny as it now appears on our records.) Ciability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000081454</u> .	were filed on $\frac{3/13/2020}{}$ and assigne
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	40 Lemon Bay Ln
(Principal office address MUST BE A STREET ADDRESS)	Placida, FL 33946
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	PO Box 3271 Placida, FL 33946
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new res
Name of New Registered Agent.	0
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida \( \overline{

## 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 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	Erika Bilodeau	7208 Spur Ct	□Add
		Sarasota, FL 32423	■Remove
MGR	Steve Bilodeau	40 Lemon Bay Ln	■ Add
		Placida, FL 33946	□Remove
			Change
			□Add
			□ Remove
			☐ Change
	<del> </del>		
			□Remove
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	<del></del>		□Add
			□Remove
		·	Change
			□Remove
			□Change

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····	
	1/1/2022
Effective date, if other t	han the date of filing: (optional) e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted	in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	on the Department of State's records.
	I effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is filed.	
lanuary 3	2022
Dated	·
	San Day
	Signature of a member or authorized representative of a member
	organists of a memori of audiorated representative of a memori
Laura Rex	
	Typed or printed name of signee