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TO:

Registration Section

Tallahassee, FL 32314

Divi	sion of Cor	porations			
SUBJECT:	KOMPASS	TAX PREP SERVICES, LLC	С		
JODJECT.		Name of Lin	nited Liability Company		
The enclosed	Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		WILNA DESIR			
			Name of Person		
		KOMPASS TAX PREP S	ERVICES, LLC		
			Firm/Company		
		2801 N Hiawassee Rd Ste	3		
			Address		
		Orlando, FL 32818			
			City/State and Zip Code		
		wilnadesirl@gmail.com			
		E-mail address: (to be used for future annual	report notification)	
For further inf	ormation co	ncerning this matter, please ca	all:		
WILNA DES	IR		321 20	8-3918	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a c	heck for the	: following amount:			
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of	f Status & py
Regi Divis	ng Address: stration Se sion of Co Box 6327	ection rporations	Divisio	Idress: ation Section n of Corporations ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KOMPASS TAX PREP SERVICES, LLC	¢.
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L20000149819	were filed on 06/02/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	llity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2801 N Hiawassee Rd Stc 3
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32818
Enter new mailing address, if applicable:	2801 N Hiawassee Rd Ste 3
Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32818
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new registe
	, Florida
	City Zin 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		 	
			□ Change
		· · · · · · · · · · · · · · · · · · ·	DAdd
			□Remove
			∏ Change

	The physical and mailing address (2801 S. Hiawassee Rd Ste 3 Orlando, FL 32818) listed at sunbiz.org
	for my company KOMPASS TAX PREP SERVICES, LLC Is incorrect.
	The Correct address is 2801 N. Hiawassee Rd Orlando Ste 3, FL 32818. Please update the physical and mailing,
	and registered agent address to 2801 N. Hiawassee Rd Ste 3, Orlando, FL 32818.
,	
If an ef <u>Note:</u>	tive date, if other than the date of filing: [Tective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
e reco rd is fi	rd 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 led.
Dated	$\frac{\frac{06/11/2020}{\sqrt{1/1/2020}}}{\sqrt{1/1/2020}}$
	\ /\ / / /\ /\ / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00