

L20000237774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

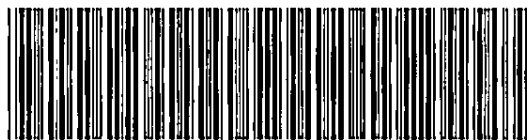
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/24/20--01012--024 **25.00

FILED
2021 JAN 29 PM 4:01
SEC. OF STATE
TOLSON, D.C.

O SIMMONS

FEB 01 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2021

CLIFFORD LATTY
3765 COCOPLUM CIRCLE
COCONUT CREEK, FL 33063

SUBJECT: COMPAS CO, LLC
Ref. Number: L20000237774

We have received your document for COMPAS CO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE REMOVE THE WORD "INC" FROM COMPANY NAME, NOT ACCEPTABLE FOR A LLCNAME/COMPANY

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 121A00000596

COVER LETTER

**TO: Registration Section
Division of Corporations**

Compas Co LLC

SUBJECT: _____
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:

Clifford Latty

Name of Person

Compas Co LLC

Firm/Company

3765 Cocoplum Circle,

Address

Coconut Creek, Florida, 33063

City/State and Zip Code

CG1.273@icloud.com

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

For further information concerning this matter, please call:

Clifford Latty

954-478-7213

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
JAN 29 PM 4:01
STATE OF FLORIDA
TALLAHASSEE, FL

Compas Co 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 6, 2020 and assigned
Florida document number L20000237774

This amendment is submitted to amend the following:

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

(Educational Software Inc, L.L.C)

Education Software, L.L.C Educational Software, L.L.C

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)

Enter new mailing address, if applicable:

(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

Florida

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

2021 JAN 29 PM 4: 01

JOHN W. GILLETTE
TALLAHASSEE, FL

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
...

☐ Add

[Remove](#)

_____ ☐ Change

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ED

D. If amending any other information, enter change(s) here: (Attach additional sheets if necessary)

10/24/2019 4:01 PM

STATE
TALLAHASSEE, FL

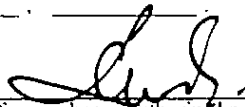
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

November 6 2020
Dated _____



Signature of a member or authorized representative of a member

1
Clifford Latty

Typed or printed name of signee