KZICOCOCAITI

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(Document Number)
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A. RIVERS

JAN 2 4 2022



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COVER LETTER

TO: Registration Sec Division of Corp			
	ND REAL ESTATE, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	DON PINGARO		
		Name of Person	
	COMPOUND REAL ESTA	VTE, LLC	
		Firm/Company	
	10837 GARDEN RIDGE C	COURT	
		Address	
	DAVIE, FLORIDA 33328		
		City/State and Zip Code	
	donnie.pingaro@sideinc.cor	n o be used for future annual report notifi	cation)
For further information c	concerning this matter, please ca		
Don Pingaro		305 389-2922 at ()	_
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 radditional copy is enclosed)

TO:

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

ipany as it now appears on our recor <u>ds.</u>) ed Liability Company)	
ny were filed on 1/6/2021	and assigned
ability company here:	
ability Company," the designation "L1.C" or the	abbreviation "L.L.C."
e address on our records, <u>enter the na</u>	
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	apany as it now appears on our records.) ed Liability Company) my were filed on [1/6/2021] ability company here: ability Company," the designation "LLC" or the [2.2.2.3] ce address on our records, enter the na [3.2.2.3] [4.3.2.4] [5.4.4] [6.4.2.0.2.1

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
AMBR	DON PINGARO	10837 GARDEN RIDGE COURT	⊐∆ád
		DAVIE, FLORIDA 33328	■Remove
			□Change
AMBR	HILARY SAUNDERS	10837 GARDEN RIDGE COURT	
		DAVIE, FLORIDA 33328	Remove
MGR	DON PINGARO	10837 GARDEN RIDGE COURT	= Add
		DAVIE, FLORIDA 33328	
			□Change
			□Remove
			🗀 Change
			□Add
			= Remove
			□Change
			□ Remove
			□ Change

		 		
				
an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De	be specific and cannot be prinched does not meet the apple partment of State's record	r to date of ining of mo icable statutory filing s.	requirements, this da	te will not be listed as th
ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Detrecord specifies a delayed effective is filed.	be specific and cannot be prinched does not meet the apple partment of State's record	r to date of ining of mo icable statutory filing s.	requirements, this da	te will not be listed as th