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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Compound Cargo CC Name of Limited Lightly Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Andrew Anderson Name of Person  Compound Cargo LCC Firm/Company
Compound Cargo LCC
301 Anchors PL.
Niceville FC, 32528
Niceville FC, 32578  City/State and Zip Code  Andreid: Anderson a Compound-Cargo, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Andrew Andreson at (850) 212-2214  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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

0000	and car	co ///	2022	APR 25	PH 5: 04
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on ou bility Company)	r records.) SEC	RETARY LLAHAS	OF STATE
The Articles of Organization for this Limited I	Liability Company w				
This amendment is submitted to amend the fol	<del></del>				
A. If amending name, enter the new name of	of the limited liabili	y company here:			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	on "LLC" or the abbi	reviation "L.L	C."
Enter new principal offices address, if appli	•	<del></del>		<del></del> _	<del></del>
(Principal office address MUST BE A STRE)	<u>ET ADDRESS)</u>				
Enter new mailing address, if applicable:	_				
(Mailing address MAY BE A POST OFFICE	E BOX)				<del> </del>
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:				
Name of New Registered Agent:	Andrew	Anderson  Kors 76.  Emer Florida stree		. <del></del> .	
New Registered Office Address:	301 Anc.	hors 74. Emer Florida stree	rt address		<del></del> -
		<u>City</u>			
		÷.,,		Lip Cone	

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
AMBK	Antrew wigel Anderson	301 Anchors PL	□ Add
		Niceville FL, 32578	□Remove
	Armade	<del></del>	□ Change
AMBL	Ayunts Dianat Anderson	3/Ame	□Add
			□Remove
			Change
AMBR	IR Clive Nicholas Andrson San	Same	<b>%</b> Add
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lf an eft <u>Note:</u>	ive date, if other than the date of filing:  (optional)  ective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
rd is fi	
Dated	04/25/2022 J
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	Signature of a member or authorized representative of a member
	•

Filing Fee: \$25.00