Laa000425587

(Requ	estor's Name)	
(Addre	ess)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Fili	ing Officer:	
	J, HOF	RNE 9 2024

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			• .
Homeclaim			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Jared Davis		
		Name of Person	
	Compass Claims Group L1	.c	
		Firm/Company	
	130 Churchill Ave.		
		Address	
	Satellite Beach, FL 32937		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	jaredmatthewdavis@gmail.e	com to be used for future annual report notif	ication)
For further information of	concerning this matter, please c		(Callon)
Jared Davis		321 505-2456	
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 (additional copy is enclosed
N. 27 Add		Samue Addison	

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

Homeclaim, LLC

130527 M.O. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

he Articles of Organization for this Limited Liability	y Company wo	ere filed on <u>10/03/2022</u>	and assigned	
lorida document number L22000425587	·			
his amendment is submitted to amend the following	:			
. If amending name, enter the new name of the l	imited liabilit	y company here:		
ompass Claims Group LLC				
he new name must be distinguishable and contain the words "l	Limited Liability	Company," the designatio	n "LLC" or the abbreviation "L.L.C."	
nter new principal offices address, if applicable:		130 Churchill Ave.		
Principal office address MUST BE A STREET AD	DRESS)	Satellite Beach, FL 32937		
	-			
inter new mailing address, if applicable:		130 Churchill Ave.		
Mailing address MAY BE A POST OFFICE BOX)		Satellite Beach, FL 3293	37	
	-			
3. If amending the registered agent and/or registe gent and/or the new registered office address her		iress on our records,	enter the name of the new regist	
Name of New Registered Agent:				
New Registered Office Address: 130	Churchill Ave	Enter Florida street	t and describe	
Sat	ellite Beach	r,nær r ioriaa street		
		City	, Florida ³²⁹³⁷ 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 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			Remove
			□ Change
			□Add
			□Remove
			□Change

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Note: If the d	e, if other than the date is listed, the date in late inserted in this fective date on the	block does not i	meet the applic	able statutory fili	(optimore than 90 days after ng requirements, thi	onal) filing.) Pursuant to 60 s date will not be lis	5.0207 (ted as (
	ies a delayed effect	live date, but no	et an effective ti	me. at 12:01 a.m	, on the earlier of: (b) The 90th day aft	er the
rd is filed.	рег 20		2023				
rd is filed.	ber 20		. •				
rd is filed.	ber 20	Signature of a	. •	rized representative	e of a member		

. . . .

Filing Fee: \$25.00