

L22000441834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

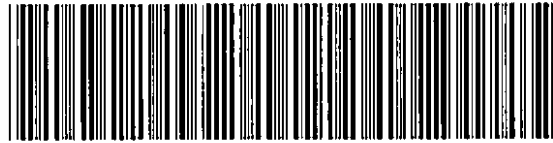
Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

NOV 18 2022

Office Use Only



600397364536

SECRETARY
ALLAHASSEE, FL

2022 NOV 17 PM 12:09

ALLAHASSEE, FL

2022 NOV 17 PM 4:00

CH 7D

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: 120210000160 Amount: \$ \$25.00
Authorization Signature: *Jan Fuller*
Compass Consulting of Southwest Florida, LLC L22000441834
Business Document #

☐ Walk in
☐ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy

☐ **Certified Copy of Articles of Organization**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ LLLP
☐ **CORP**

AMMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger
☐ **Conversion**
☐ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

APOSTIL
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Statement of Partnership
☐ Reinstatement
☐ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: \$ \$25.00

Authorization Signature: *Jane F. Huber*

Compass Consulting of Southwest Florida, LLC L22000441834

Business

Document #

 Walk in
 Pick up time

 Mail out

 Will wait

 Photocopy

 Certified Copy of Articles of Organization

 Certificate of Status

NEW FILINGS

 Profit
 Not for Profit
 Limited Liability
 Domestication
 LLLP
 CORP

AMMENDMENTS

 X Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger
 Conversion
 AFFIDAVID BY FOREIGN CORP.

OTHER FILINGS

 Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Statement of Partnership
 Reinstatement

 APOSTIL

Country

 Other

XAMINER'S INITIALS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Compass Consulting of Southwest Florida, LLC
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:

Nathan Paul Angeloni

Name of Person

Compass Consulting of Southwest Florida, LLC

Firm/Company

919 SW 19th Lane

Address

Cape Coral, FL. 33990

City/State and Zip Code

PAngeloni57@Gmail.com

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

For further information concerning this matter, please call:

Paul Angeloni

337 319-9315
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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
2022 NOV 17 PM 12:09
SECRETARY OF
TALLAHASSEE COUNTY

Compass Consulting of Southwest Florida, 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 10/13/2022 and assigned
Florida document number L22000441834.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00