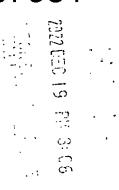
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(Requestor's Name)	
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COVER LETTER

TO:

TO: Registration So Division of Cor						
Compliane	e Contractors, LLC	•				
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Pamela Marshall					
		Name of Person				
	Compliance Contractors, LLC					
		Firm/Company				
	2221 NE 53 Street		1225			
		Address				
	Fort Lauderdale, FL 33308		. 5			
		City/State and Zip Code	• • • • • • • • • • • • • • • • • • • •			
	pamelamarshallea@gmail.e		. မ			
	E-mail address: (to be used for future annual report notific	cation)			
For further information of	concerning this matter, please co	all:				
Pamela Marshall		513 907-4296 at ()				
Name o	of Person		Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filmg Fee & Certified Copy (additional copy is enclosed)	■ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre		Street Address:	ion			
Registration Division of C		Registration Sect Division of Corp				
P.O. Box 632		The Centre of Ta				
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L22000517230</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company " the designation "LLC" or	r the abbreviation" L.L.C "
Enter new principal offices address, if applicable:		0.13
(Principal office address MUST BE A STREET ADDI	RESS)	5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	Floric	da
	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 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	Bruce R. Prince	70 Fairview East, Tequesta FL 33469	□Add
•			≣Remove
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			PRemove
			凹Add 少
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			□Add
			Remove
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ctive date, if other than the effective date is listed, the date must if the date inserted in this blo	late of filing:	ot be prior to d he applicable	late of filing o	r more than 90 c	lays after filing	g.) Pursu:	
iment's effective date on the De	partment of State s	records.					
ord specifies a delayed effective filed.	date, but not an el	Tective time.	. at 12:01 a.i	n, on the earli	er of: (b) T	he 90th	day after t
December 13	. 20	22	-				
	, , ,						

Typed or printed name of signee