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TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

THE INTERNAL C.O.M.P.A.S.S. (CONCEPT OF MENTAL PURPOSE, AWARENESS, A) SUBJECT: 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: Curtis Abrams Jr. Name of Person THE INTERNAL C.O.M.P.A.S.S. (CONCEPT OF MENTAL PURPOSE, AWA Firm/Company 280 John Knox Road Address Tallahassee, Florida 32303 City/State and Zip Code curtstridecoach@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Curtis Abrams Jr. Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & **\$25.00** Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

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THE INTERNAL C.O.M.P.A.S.S. (CONCEPT OF MENTAL PURPOSE, AWARENESS, AND STRONG

(Name of the Limited Liability Company as it now appears on our records.) 1/11/(A Florida Limited Liability Company) 1/21/2005 [1.5] [ORIDA

The Articles of Organization for this Limited Liabil Florida document number <u>L24000045767</u>	ity Company	were filed on January 24	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited l <u>iab</u>	ility company here:	
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	m "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	280 John Knox Road	
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		Tallahassee, Florida 323	303
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office agent and/or the new registered office address here:		280 John Knox Road Tallahassee. Florida 32.	
Name of New Registered Agent:	Curtis Abrams		<u></u>
New Registered Office Address:	280 John Knox	Road Enter Florida stree	t address
-	Fallahassee	City	Florida 32303 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

Cuto My

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
MGR	Curtis Abrams Jr.	280 John Knox Road, Tallahassee, FL 32303	= Add
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Filing Fee: \$25.00