## L24 000 147 537

(Requestor's Name)
(Address)
(Address)
(//dd/633)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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11/13/24--01030--001 ++30.00

## **COVER LETTER**

	NAME, MEMBER ADDITION Name of Lim	ited Liability Company	
closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
e return all correspo	ndence concerning this matter	to the following:	
	GERALDINE CELIS		
		Name of Person	
		Firm/Company	
	10440 NW 74 STREET		
		Address	
	DORAL FLORIDA 33178		
	C3COMPASS@GMAIL.C		
		to be used for future annual report notific	cation)
urther information e	oncerning this matter, please c	all:	
ALDINE CELIS		786 720-3498	
Name o	f Person	at ()	Telephone Number
sed is a check for th	ne 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
	<u>5:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

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Registration Section

TO:

Tallahassee, FL 32314

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

ANCABRERA LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability C	• •	and assigned
lorida document numberL24000147537	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ited liability company here:	
C3 COMPASS LLC		
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		•
		· -
3. If amending the registered agent and/or registered	l office address on our records, <u>enter th</u> e	a name of the new regis
gent and/or the new registered office address here:		
		3.21
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
	Ciry	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

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	Maria Valentina Camargo	1381 NW 18TH DR APT 301,	⊠ Add
		POMPANO BEACH FLORIDA 33069	□ Remove
			□Change
AMBR	Geraldine Celis	10440 NW 74 STREET UNIT 304	
		DORAL FLORIDA 33178	□Remove
			□Change
			□Add
			□Remove
			[]Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			[] Change
			□Add
			□Remove
			[]Change

ADD EIN NUMBER: 99-2299	577	
		<del></del>
		<del></del>
		<del></del>
		<del></del>
· · · · · · · · · · · · · · · · · · ·		·
Tective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant does not meet the applicable statutory filing requirements, this date will not	t to 605.0207 be listed as
record specifies a delayed effective d is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after the
NOVEMBER 4TH	2024	
	mature of a member or authorized representative of a member	

. . . .

Filing Fee: \$25.00