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COVER LETTER

TO:	Registration Se Division of Cor			
0115.15		ssured Finance, LLC		
SUBJE	:CT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Joseph Rayl		
			Name of Person	
		Covenant Assured Finance	, LLC	
			Firm/Company	
		1410 Emerson St.		
			Address	
		Leesburg, FL 34748		
			City/State and Zip Code	
		jodiavedisian@gmail.com		
For fur	ther information c	E-mail address: (to be used for future annual report notifi all:	cation)
Joseph	Rayl		352 728-8818 at ()	
	Name o	f Person		Telephone Number
Enclose	ed is a check for the	he following amount:		
= \$25	5.00 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)
	MAII	ING ADDRESS:	STREET/COURI	TR ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Covenant Assured Finance, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed Florida document number L07000044610	on 04/26/2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	nny here:
The new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	22 1
	The state of the s
	ت و ت
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	ess on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street address
Cin.	, Florida

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 = M $AMBR = A$	Ianager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
		·	Add
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			Change
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			Remove
			□ Change
			Add
			□ Remove

_□ Change

Beginning operations as a r	enting/leasing equipment servic	es company.	
			
			T JHN 23 AM 9: 45
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			<u>्र</u> 23
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ctive date, if other than tl	ne date of filing:		(antional)
If the date inserted in this	block does not meet the applical	o date of filing or more than 90 ble statutory filing requiren	(optional) days after filing.) Pursuant to 605.02 nents, this date will not be listed
iment's effective date on the	Department of State's records.		
ecord specifies a delay	ed effective date, but not	an effective time, at	12:01 a.m. on the earlier
ne 90th day after the re			
January 18	2017)	
ed	,	- ///	
	Signature of a member or outhor	ized representative of a memb	er

Page 3 of 3

Filing Fee: \$25.00