

L09000022378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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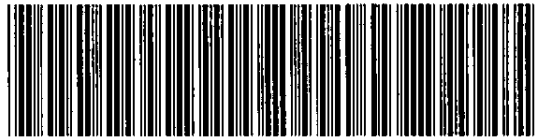
Special Instructions to Filing Officer:

**A. LUNT**

APR 14 2009

**EXAMINER**

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04/10/09--01010--020 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR 10 PM 1:47

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Covenant Community Partners "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:

Byron Turton, III  
(Name of Person)

Covenant Community Partners LLC  
(Firm/Company)

149 E. 13th St.  
(Address)

St. Cloud, FL 34769  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Byron Turton at (863) 242-8118  
(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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Covenant Community Partners 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 3/6/2009 and assigned  
Florida document number W09000022378

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 end with 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 608, 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.

N/A

(If Changing Registered Agent, Signature of New Registered Agent)

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TALLAHASSEE, FLORIDA

- ... If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	TWAQUANA Gibson	149 E. 13 <sup>th</sup> St. St. Cloud, FL 34769	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LAVERNE H. TUNTON	149 E. 13 <sup>th</sup> St. St. Cloud, FL 34769	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	John McDuffie	149 E. 13 <sup>th</sup> St. St. Cloud, FL 34769	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Roy Sampson	149 E. 13 <sup>th</sup> St. St. Cloud, FL 34769	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Cherestine Fullwood	149 E. 13 <sup>th</sup> St. St. Cloud, FL 34769	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Sandra Sampson	149 E. 13 <sup>th</sup> St. St. Cloud, FL 34769	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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SECURITARY OFFICE  
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

MGR - Debra F. Mitchell 149 E 13<sup>th</sup> St. St. Cloud FL 34769. **ADD**

MGR - Jamie Paul 149 E. 13<sup>th</sup> St. Cloud, FL 34769 **ADD**

MGR - Darlene McDuffie (Same Address) **ADD**

MGR - Pauline Metcalf (Same Address) **ADD**

Dated 3/6/ 2009

Byron A. Tunton III  
Signature of a member or authorized representative of a member

Byron A. Tunton III  
Typed or printed name of signee