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EXAMINER

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COVER LETTER

TO:

TO:	: Registration Section Division of Corporations					
SUBJECT: COV			endium LLC			
		Name of Limi	ted Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	•		
Please	return all corresp	ondence concerning this matter	to the following:			
		Cristy Co	impbell Name of Person			
			Name of reison			
			Firm/Company			
		2611 Te	echnology Drive, Suite 200C			
			Address	4		
	•		Orlando, FL 32804			
			City/State and Zip Code			
		Cacampbel	1 @ Epcflorida to be used for future annual report notifica	.Com		
		E-mail address: (to be used for future annual report notifica	tion)		
For fur	ther information	concerning this matter, please of	call:			
CRIS	sty Car	npbell	ar (407) 284. 432	35		
	Name	of Person	at (407) 284. 432 Area Code & Daytime 7	Celephone Number		
Enclose	ed is a check for	the following amount:				
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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		tration Section on of Corporations 30x 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Covendi		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L09000064138	were filed on June 30, 2009 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2611 Technology Drive	
(Principal office address MUST BE A STREET ADDRESS)	Suite 200C	
	Orlando, FL 32804	
Enter new mailing address, if applicable:	PO BOY LEOSOLLE	
(Mailing address MAY BE A POST OFFICE BOX)	Orlanco, f.1. 32860.8066	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		
Name of New Registered Agent: Douglas F.	Long	
New Registered Office Address: 2611 Techr	nology Drive, Suite 200C	
	Enter Florida street address	
	Orlando , Florida 32804	
New Registered Agent's Signature, if changing Registered Agent:	City AAHASS	
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is	

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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	·		Add Remove
	<u> </u>		Add Remove
			Add Remove
			Add Remove
D. If an	nending any other information, enter chang	ge(s) here: (Attach additional sheets, if necess	ary.)
	Please amend the office address of	the manager to read as follows:	
	2611 Technology Drive, Suite 200C		
	Orlando, FL 32804		
			SECRE
Dated	,,,	Brichstone Manag	25 = 1 25 = 1 25 = 1 25 = 1 26 =
	Douglas F. Long Typed	Brichstone Manag r or authorized representative of a member - President of Brichsto for printed name of signee	ne Braggement
	71	Page 2 of 2	Company

Filing Fee: \$25.00