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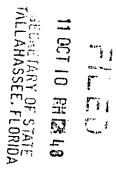
(Requestor's Name)					
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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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D. BRUCE

OCT 11 2011

EXAMINER

COVER LETTER

	ation Section n of Corporations	
SUBJECT:	CovenantOne Realty LLC	
	Name of Limited Liability Company	
	ticles of Amendment and fee(s) are submitted for filing.	
	Gisel Mueller	
	Name of Person	
	CovenantOne Realty LLC	
	Firm/Company	
	8306 Mills Drive #243	
	Address	S.
	Miami, Fl 33183	
	City/State and Zip Code	ASSSI ASSSI
	gmueller@covenant1corp.com	111 m
	E-mail address: (to be used for future annual report notification)	FOF ST
For further infor	nation concerning this matter, please call:	TATE ORID
	Gisel Mueller at (305) 984-0931	1.
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a ch	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	e of Status &
	MAILING ADDRESS: Registration Section Division of Corporations STREET/COURIER ADDRESS: Registration Section Division of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Coven	antOne Realty LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	09/01/2011	and assigned
Florida document numberL11000101985			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		7:
		H A	A B - 1
) SSEE,	<
Enter new mailing address, if applicable:		****	
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	72 (3)
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter t</u>	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street addr	ess
		, 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.

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	William F. Mueller	8306 Mills Drive #243 Miami, Fl 33183	_ ✓ Add _ ☐ Remove
			Add Remove
			Add Remove
			Add Remove
		•	_∏Add _∏Remove
		•	Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary), HASSEE, FLORID.	11 0cT 10 PH B 48
Dated	Cefober 3 , 201	- Company	- -
-	Coise	authorized representative of a member M. M. M. L. printed name of signee	

Page 2 of 2

Filing Fee: \$25.00