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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Novel Concepts Technology, 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:

Terry W. Covert, Registered Agent

Name of Person

Covert Yager Marktechs, LLC

Firm/Company

631 Palm Springs Dr., Ste. 115

Address

Altamonte Springs, FL 32701

City/State and Zip Code

terry@copelandcovert.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry W. Covert

Name of Person

at 407 830-7220

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Novel Concepts Technology, 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 11/01/2012 and assigned
Florida document number L12000139121

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Covert Yager Marketechs, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

753 SCARBOROUGH HEIGHTS DRIVE
ORLANDO, FL 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

753 SCARBOROUGH HEIGHTS DRIVE
ORLANDO, FL 32828

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:

Terry Covert

New Registered Office Address:

631 Palm Springs Dr, Ste 115

Enter Florida street address

Altamonte Springs

City

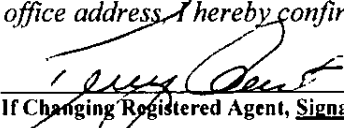
Florida

32701

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 OCT -9 AM 11:22

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mgr</u>	<u>Christopher A Yager</u>	<u>753 SCARBOROUGH HEIGHTS DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32828</u>	<input type="checkbox"/> Remove
<u>Mgr</u>	<u>Zachary W Covert</u>	<u>753 SCARBOROUGH HEIGHTS DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32828</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

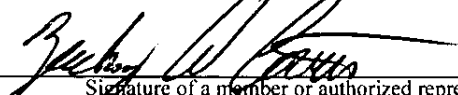
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 6, 2014



Signature of a member or authorized representative of a member
Zachary Covert

Typed or printed name of signee

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TALLAHASSEE, FLORIDA