## #14000029389

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FILED 2014 APR -9 PM 12: 27 SECRETARY OF STATE

K.SALY EXAMINER APR 10 2014

## **COVER LETTER**

TO: Registration Section
Division of Corporations

RIFCT. COVELINE, 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:

SINAN BASHIR

Name of Person

COVELINE, LLC

Firm/Company

4745 SUTTON PARK CT#601

Address

JACKSONVILLE, FL, 32224

City/State and Zip Code

SAMNAOUM@YMAIL.COM,SINANBASHIR@OUTLOOK.COM

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

For further information concerning this matter, please call:

SINAN BASHIR

...904、304-8283

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

FILED
LUIY APR -9 DI
SEURETARY OF STATE ALLAHASSEE. FLORIDA
SEE FLORIDA

COVELINE,	INV as it now appears on our records.)  ALLAHASSEE, FLORIDA  Clability Company)
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number L14000029389	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	pility 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
	-
Name of New Registered Agent:	
New Registered Office Address:	F Fl
	Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

MGR = Manager

AMBR = Authorized Member			
<u>Title</u>	Name	Address Type of Action	
MGR	SINAN BASHIR	4745 SUTTON PARK CT#601	
		JACKSONVILLE,FL,32224 Remove	
MGR	BASHIR BASHIR	4745 SUTTON PARK CT#601	
		JACKSONVILLE,FL,32224 Remove	
		Remove	
		Add	
		Remove	
		<del></del>	
		Remove	
		Remove	

D. If amending any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)
<u> </u>	
. Effective date, if other than the date of file (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departr	date of receipt or filed date and cannot be more than 90 days after
Dated 04/07/2014	8:00 AM .
AK 2	
SINAN BASHIR	f a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00