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(Re	equestor's Name)	
(Ad	ldress)	··· - · · · · · · · · · · · · · · · · ·
· (Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
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SWARREN

COVER LETTER

TO: Rep	gistration Sect ision of Corpo	ion orations	*	À	*	` *	· ·	*** **	
SUBJECT:	Covenant Ris	k Transfer Gr	oup, LLC						•
			Name of Lim	nited Liability	y Company				
The enclosed	d Articles of A	mendment and	d fee(s) are sub	omitted for	filing.				
Please return	all correspond	lence concern	ing this matter	to the follo	wing:			•	
		Raymond M	Mate o						
				Nam	e of Person				
	٠.	Covenant R	tisk Transfer G	roup, LLC					
				Firm	/Company				
		900 NE 100	Oth Street, 2nd	Floor					
	•			P	Address				
		Miami, FL:	33138			_			
		rmateo@crtg	gcorp.com	City/State	e and Zip Co	de			
	•		E-mail addr e ss: ((to be used fo	or future anni	ual report n	otification)		
For further in	nformation con	cerning this n	natter, please c	all:					
Raymond M				at (794-8850			
	Name of F	erson			Area Code	Day	time Telepho	ne Number	
Enclosed is	a check for the	following am	ount:						
\$25.00 F	Filing Fee	□ \$30.00 Fil Certifica	ling Fee & ate of Status	Cer	00 Filing Fe tified Copy itional copy is		_	\$60.00 Filing Certificate of Certified Co (additional cor	of Status &

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

TO ARTICLES OF ORGANIZATION OF

Covenant Risk Transfer Group, LLC

	ility Company as it now an ida Limited Liability Compa		<u>:ords.</u>)	
The Articles of Organization for this Limited Liability Florida document number L16000062407	Company were filed on	3/15/2016	ATTENTAL PROPERTY OF THE PROPE	_ and assigned
This amendment is submitted to amend the following:			RY OF	m
A. If amending name, enter the new name of the lin	mited liability compan	<u>y here</u> :	STATE FLORID	
The new name must be distinguishable and contain the words "L	imited Liability Company,"	the designation "		
Enter new principal offices address, if applicable:	/			
(Principal office address MUST BE A STREET ADD	DRIESS)	$\overline{}$		
Enter new mailing address, if applicable;		<u> </u>	/	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		s on our reco	ords, enter the	e name of the nev
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	Enier	Florida street ac	ldress	
	/		. Florida	
. <u>.</u>	City		, 2 202	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:			
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performanc agent as provided for ered office address, I h	e of my dutie: in Chapter 6	s, and I am fan 05, F.S. Or, if	niliar with and this document is
	If Changing Registers	ed Agent Signat	ure of New Regis	tered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action	
AMBR Damaris Mateo		900 NE 100th Street		
	411	Miami Shores, FL 33138	Remove	
			□ Change	
MGR	Raymond Mateo	900 NE 100th Street	■ Add	
	•	Miami Shores, FL 33138	☐ Remove	
		<u> </u>	Change	
			Remove	
			Change	
- 14. _.				
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			Change	
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		FLORIDA	□ Add	
			Remove	
			Change	

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E: If the date inserted in t	n the date of filing: te must be specific and cannot be prichis block does not meet the applicate Department of State's record	licable statutory filing re	(optional) than 90 days after filing.) Pursuant to quirements, this date will not be
		not an effective time	e, at 12:01 a.m. on the ea
e 90th day after the	e record is filed.		e, at 12:01 a.m. on the ea
e 90th day after the		<u>_</u> .	a member
ne 90th day after the	e record is filed.	<u>_</u> .	a member
ne 90th day after the ed MAY 20	e record is filed. 177, 2016 Signature of a member or au	<u>_</u> .	a member (and

Filing Fee: \$25.00