

# L16000175136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

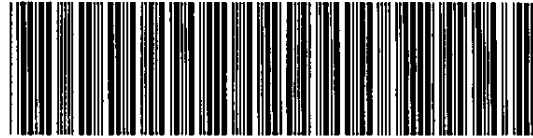
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Covart 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:

Claudia Brahms  
Name of Person

Covart LLC  
Firm/Company

14216 SW 136 ST  
Address

Miami, FL 33186  
City/State and Zip Code

cbrahms@Hivideo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Brahms at (305) 255-8684  
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

Covart LLC

The Articles of Organization for this Limited Liability Company were filed on 9/20/2016 and assigned Florida document number L16000175136.

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Hildebran Ventures Inc.	11925 starcrest Dr.	<input type="checkbox"/> Add
		San Antonio, TX 78247	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 MAY 30 PM 12:38  
ALLIANCE STATE  
TALLAHASSEE, FLORIDA

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

FILED  
16 NOV 30 PM 12:38  
U.S. DEPT. OF JUSTICE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 11/29/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

November 29, 2014

Signature of a member or authorized representative of \_\_\_\_\_

# Claudia Brahms

Typed or printed name of signee