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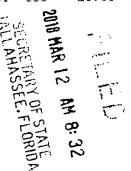
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## **COVER LETTER**

TO:	Registration Se Division of Cor					
CUB	KING'S COVENANT PROPERTIES, LLC					
SUB	JECT:	Name of Lim	ited Liability Company			
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleas	e return all correspo	ondence concerning this matter	to the following:			
		Stephen M. Stone, Esquire				
			Name of Person			
		Law Office of Stephen M.	Stone			
		,	Firm/Company	<del>-</del>		
		725 N. Magnolia Avenue				
			Address	·····		
		Orlando, Florida 32803				
		<del> </del>				
		stephen@smstonelaw.com				
		E-mail address: (	to be used for future annual report notif	ication)		
For fi	urther information c	oncerning this matter, please co	all:			
Stepl	hen M. Stone, Esqui	ire	407 423-7910 at ( )			
	Name o	f Person		Telephone Number		
Enclo	osed is a check for t	he 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:

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TO:

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

KING'S	COVENANT PROPERTIES, LLC	
(Name of the Limited L. (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on November 9, 2016	and assigned
Florida document number L16000206536	<del></del> *	
This amendment is submitted to amend the following	ng:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	÷
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET A.	DDRESS)	<u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		er the name of the n
Name of New Registered Agent:		ASS T
New Registered Office Address:		SS
	Enter Florida street address , Florida	AH OF ST
_	City	Z Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:	32 Dr.

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

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>	Address	Type of Action
AMBR .	HEIDI ANN MESSINA	1646 State Avenue	Add
		Holly Hill, Florida 32117	Remove
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ective date, if other than the effective date is listed, the date mu	st be specific and cann	ot be prior to o	late of filing or	more than 90 day	( <b>optional)</b> /s after filing.) Pui	rsuant to 60	5.020
te: If the date inserted in this becoment's effective date on the D			e statutory fil	ng requiremen	ts, this date will	not be list	ted a
	•						
record specifies a delayed the 90th day after the rec		but not a	n effective	time, at 12	:01 a.m. on	the earli	ier (
ed	20	18					
	And -						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00