

118000036331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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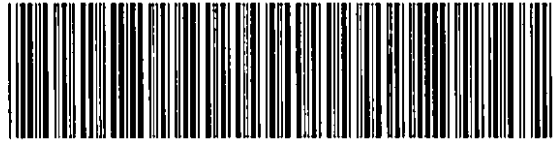
(Business Entity Name)

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DIVISION OF CORPORATIONS
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JUL 26 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Covenant Real Estate Holdings, 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:

Christopher Henderson

Name of Person

Covenant Real Estate Holdings, LLC

Firm/Company

3452 San Jose Blvd

Address

Jacksonville, FL 32207

City/State and Zip Code

christopherhhenderson@gmail.com

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

For further information concerning this matter, please call:

Christopher Henderson

904

294-6548

at ()

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**

Covenant Real Estate Holdings, 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 02/08/2018 and assigned
Florida document number L18000036331.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

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	John F Wilbanks	1351 Grosvenor Square Dr	<input type="checkbox"/> Add
		Jacksonville, FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matthew O Wilbanks	4043 Gadsden Rd	<input type="checkbox"/> Add
		Jacksonville, FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	Matthew O Wilbanks	4043 Gadsden Rd	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Julie W. Henderson	3452 San Jose Blvd	<input type="checkbox"/> Add
		Jacksonville, FL 32207	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Steven D. Champney	805 S Griffin Shores Dr	<input checked="" type="checkbox"/> Add
		Saint Augustine, FL 32080	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Steven D. Champney		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

For the avoidance of doubt, the following amendments are made to the articles of organization:

(1) John F. Wilbanks is removed as an authorized member.

(2) Julie W. Henderson is removed as an authorized member.

(3) Steven D. Champney is added as an authorized member.

(4) Matthew O. Wilbanks is removed as an authorized member and is instead added as an authorized person.

The officers of the Company are: (1) Christopher H. Henderson (President); (2) Steven D. Champney (Vice President; and (3) Matthew O. Wilbanks (Treasurer).

The Company's FEIN is 82-5009200.

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E. Effective date, if other than the date of filing: _____ (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 July 17, 2018.

Christopher Henderson, authorized officer / President
Signature of a member or authorized representative of a member

Christopher Henderson
Typed or printed name of signee