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Amend

JAN 3 () 2020 I ALBRITTON

COVER LETTER

TO:

	egistration Se livision of Cor		÷	
oun mon		VT INVESTMENTS LLC		
SUBJECT	i:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	ondence concerning this matter	to the following:	
		Gaetan E. President		
			Name of Person	
		Covalent Investments LLC		
			Firm/Company	·
		9244 Brindlewood Dr		
			Address	
		Odessa Florida 33556		
			City/State and Zip Code	
		Covalentinvestments@gma		
For further	r information c	n-mail address: (to be used for future annual report no all:	nineation)
Gaetan E.	President		954 600-9066 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed i	s a check for th	ne following amount:		
≣ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Corporations		
þ	.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ART	ICLES OF G	TO ORGANIZAT OF	TION	MO JAH 3 PARO: 15
COVALENT INVESTMENTS LL				
(Name of the Limit	ted Liability Comp (A Florida Limited	any as it now appear Liability Company)	<u>s on our records.</u>)	, k
The Articles of Organization for this Limited L Florida document number $\frac{L + 8000}{}$	iability Company	y were filed on $\frac{096}{8}$	/14/2018	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited lial	bility company he	<u>re</u> :	
The new name must be distinguishable and contain the v	vords "Limited Liab	oility Company," the d	esignation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:			
(Principal office address MUST BE A STREE	T ADDRESS)			<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> BOX)</u>	9244 Brindlewo	od Dr. Odessa Fl 3	3556
B. If amending the registered agent and/or ragent and/or the new registered office addre	•	address on our ro	ecords, enter the	name of the new registered
Name of New Registered Agent:	Gaetan Ethan	President		
New Registered Office Address:	9244 Brindley	vood Dr		
		Enter Flor	ida street address	
	Odessa		, Florid	a 33556
		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>	Address	Type of Action
MGR	Nemiah V. Smith	9244 Brindlewood Dr. Odessa Fl 33556	= Add
			□Remove
			□ Change
AMBR	Gaetan E. President	9244 Brindlewood Dr. Odessa Fl 33556	□Add
			□Remove
			= Change
AMBR	Aldon Landers	6603 Spanish Moss Circle, Tampa Florida 33625 US	S □Add
			\begin{align*} \be
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

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GAETAN E. PRESIDENT		

Filing Fee: \$25.00