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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Con			
Conventus	, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	Name of Person  C Firm/Company  St. #306  Address  L 32202  City/State and Zip Code  fl.com  ail address: (to be used for future annual report notification)  ter, please call:	
	ondence concerning this matter		
	Timothy Baker, Esq.		
		Name of Person	
	Conventus, LLC		
		Firm/Company	
	221 N. Hogan St. #306		
	4	Address	
	Jacksonville, FL 32202		
		City/State and Zip Code	
	tim@conventusfl.com	to be used for future annual report not	ification)
For further information of	concerning this matter, please co		
Timothy Baker, Esq.		_	
Name (	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre			nation
Registration Division of (			
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Conventus, LLC		2023 JAN - 3 PH 1: 18
(Name of the Limited Linb	ility Company as it now appears on our re da Limited Liability Company)	cords.)
(A FION	da Emmed Elabitty Company)	TATE
The Articles of Organization for this Limited Liability	Company were filed on 7/10/19	TALL BOOKER, FL and assigned
Florida document number L19000168148		
riorida document number	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	<del></del>	ater the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, 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>	Address	Type of Action
MGR	Sam Mousa	8620 HUNTERS CREEK DRIVE SOUTH	□Add
		JACKSONVILLE, FL 32256	Remove
			□Change
		<del></del>	□ Adđ
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ective date, if other than the d	ate of filing:		(optional)	
n effective date is listed, the date must l	be specific and cannot be price	r to date of filing or more	than 90 days after filing.) Pursuant	to 605.0207
te: If the date inserted in this bloc cument's effective date on the Dep			quirements, this date will not b	e fisted as
ecord specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on t	he earlier of: (b) The 90th day	y after the
is filed.		_		
December 30	2022			
ted	· · · · · · · · · · · · · · · · · · ·	#		
		7/1		
S	ignature of a member or aut	horized representative of	n member	

Typed or printed name of signee