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	ORPORATE ACCESS,	When you need ACCESS to the world
	P.O. Box 37066 (.	236 East 6th Avenue. Tallahassee, Florida 32303 32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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XX	FILING	LLC AMEND
1.	STC- COVEN, LLC (CORPORATE NAME AND DOCUM	1ENT #)
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SPECIA INSTRU	IL JCTIONS:	

ARTICLES OF C O	O ORGANIZATION OF	FILED 2022 AUG -9 AMII: 18 SECRETARY DE STU	
STC - COVEN, LLC (<u>Name of the Limited Liability Comps</u> (A Florida Limited	iny as it now appears on our reco Liability Company)	rde AllASSEL	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000204738</u>	were filed on <u>August 15, 201</u>	9 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	101 Central Avenue		
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33701		
Enter new mailing address, if applicable:	C/O Sabal Trust		
(Mailing address MAY BE A POST OFFICE BOX)	101 Central Avenue		
	St. Petersburg, FL 33701	<u> </u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: Bryant N. Jones		r the name of the new registered	

	City	Zip Code
	St. Petersburg	, Florida ³³⁷⁰¹
New Registered Office Address:	101 Central Avenue Enter Fl	lorida street address
Name of New Registered Agent:	Bryant N. Jones	

New Registered Agent's Signature, if changing Registered Agent:

ŧ,

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.

Buy at Jum-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>	Name	Address	Type of Action
MGR	Bryant N. Jones	C/O Sabal Trust	🖬 Add
		101 Central Avenue	
		St. Petersburg, FL 33701	□Change
PVPST	Bryant N. Jones	C/O Sabal Trust	Add
		101 Central Avenue	🗆 Remove
		St. Petersburg, FL 33701	Change
MGR	John F. Ralph, Jr.	6850 Central Avenue, Suite B	🖸 Add
		St. Petersburg, FL 33707	🖹 Remove
			🗆 Change
			🗆 Add
			🗋 Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			🗆 Change

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

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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.

August 4, ted	2022	
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R. T.		
Mugal Ju	Signature of a member or out-rined	
· · ·	Signature of a member or authorized representative of a member	
Bryant N. Jones		

Typed or printed name of signee