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SECRETARY OF STATE TALL ANASSEE FLORID!

A. RIVERS

JUL - 9 2023

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: <u>CVOS</u>	S the Creek sol Name of Limi	UTIONS, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	_Kolton J	CAYAWAY Name of Person	
	cross the	CVER SOLUTION	S,LLC
	1801 mine	val Springs Ra	d
	Jay, FI	32565 City/State and Zip Code	
	Kj COYON: JE-mail address: (1	A 1998 @ AMAI	COV)
For further information of	concerning this matter, please ca	dl:	
KOlton (CAYAWAY of Person	at (XSD) 390 Area Code Daytim	- 5082 ac Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &: Certificate of Status	El 355.00 Filing Fee & Certified Copy (additional copy is enclosed)	S66.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company Florida document number <u>L20000263072</u> .	were filed on $08 25 2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile COVOWOY Electrical LLC The new name must be distinguishable and contain the words "Limited Liabile"	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1801 mineral springs Rd Jay El 32565
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1801 Mineral Springs led Jay 19 32565
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	SERVICE PROPERTY OF THE PROPER
Name of New Registered Agent: New Registered Office Address:	9:51 RED RED
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
		-	□Add
			□Remove
			□Change
		•	□Add
			□Rетоve
			□Change
<u>.</u>			□Add
			Remove
		· ·	□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
	188 877 - 17 - 17 - 17 - 17 - 17 - 17 -	-	□Add
			□Remove
			□Change

	SSED MY STATE (XAM TO
<u>recieve</u> my mi	aster electrical books license.
Therefore, i war	t to change my name
to something	more Pitting.
I would also	need to admend
my scope of l	Nork, it will no longer
be landscape	e. Only Electrical.
	· · · · · · · · · · · · · · · · · · ·
-	
	meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but no record is filed.	or an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May 5TH	2023
Signature of a	a mornber or authorized representative of a member
KNITON CAVI	2/4/2/1

Filing Fee: \$25.00