## L20000332438

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Name Change

## COVER LETTER

TO: Registration So Division of Co	ection rporations	· A
The Sistal SUBJECT:	h Covenant, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondence	ondence concerning this matter to the following:	
	Patricia Gillum Sams	
	Name of Person	
	Jacksonville, FL 32207	20 OCT 23
	City/State and Zip Code	9 5
	pat@thesistahcovenant.com	23
	E-mail address: (to be used for future annual report notification)	e jage
For further information of	concerning this matter, please call:	ري حرج <b>ب</b>
Patricia Gillum Sams	904 704-6954 at ()	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:	

Mailing Address:

☐ \$25.00 Filing Fee

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

■ \$30.00 Filing Fee &

Certificate of Status

Street Address:

☐ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

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

☐ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20 OCT 23 PH 3: 1

The Covenant: My Sistah's Keeper, 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 October 20, 2020 and assigned Florida document number NEW 1 2 0000 333438 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Sistah Covenant, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1478 Riverplace Blvd., #608, Jacksonville, FL 32207 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1478 Riverplace Blvd., #608, Jacksonville, FL 32207 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address Jacksonville . Florida <u>32207</u> City 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
	N/A 		□ Add
			□Remove
		·	□ Add
			□ Remove
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Effective date, if other than the date of the date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	ate of filing: be specific and cannot be k does not meet the ap	pplicable statutory fil	doptio more than 90 days after t ing requirements, this	iling.) Pursuant to 605,0207
e record specifies a delayed effective order is filed.	late, but not an effecti	ve time, at 12:01 a.m	on the earlier of: (b)	The 90th day after the
October 19,	2020			
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Tathuc	ea / 2)	Ellum (	Xenz	
Tather	gnature of a member or	authorized representation		

Filing Fee: \$25.00