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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Registration Section Division of Corporation	
SUBJECT:	Ovenant Directions LLC Name of Limited Liability Company
The enclosed Articles of Ame	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	ALCC KYUKI Name of Person
	Covenant Directors LLC Firm/Company
	3201 Griffin Rd. Suite 2041
	Fort Larderdale FL 3.3312 City/State and Zip Code
_	E-mail address: (to be used for future innual report notification)
For further information conc	erning this matter, please call:
Name of Pe	rson at (267) 480 - 4623 Area Code Daytime Telephone Number
Enclosed is a check for the fi	ollowing amount:
Z S25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

(Name of the Limited Liability Compar (A Florida Limited L	tion LLC	r records.)
(A Florida Limited L	iability Company)	,
The Articles of Organization for this Limited Liability Company	were filed on Apri	1 22, 2021 and assigned
Florida document number L21000187256		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		•
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		, 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 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
AMBR	Alec J. Kruki	3201 Griffin Rd. Suit	C □Add
		204 Fort Landerdall FL	□Remove
		33312	XChange
			🗆 Add
			🗆 Remove
			□Change
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ective date, if othe	r than the date	of filing:		(optional))
effective date is listed.	the date must be spe	ecific and cannot be prio	r to date of filing or mor	e than 90 days after filin requirements, this dat	g.) Pursuant to 605.020
ument's effective da	ite on the Departir	nent of State's records	S.		
	yed effective date.	, but not an effective	time, at 12:01 a.m. or	the earlier of: (b)	he 90th day after the
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ted		ture of a member or auti	I drussi		The 90th day after the

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Filing Fee: \$25.00