## h21000311819

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## **COVER LETTER**

TO:	Registration So Division of Cor					
CIID IE		ILLE REALTY GROUP LLC				
SUBJEC	SUBJECT: Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please re	turn all correspo	ondence concerning this matte	r to the following:			
		LOVETTE DOBSON				
			Name of Person	<del></del>		
		INCFILE.COM LLC		202 Se		
			Firm/Company			
		17350 STATE HWY 249	STE 220	2021 AUS 12		
			Address	PH		
		HOUSTON, TX 77064		PH 2: 08		
		EFILE1234@INCFILE.CO	City/State and Zip Code			
		<del>-</del>	to be used for future annual report no	tification)		
For furthe	er information co	oncerning this matter, please o				
LOVETT	E DOBSON		888 462-3453			
Name of Person		Area Code Daytin	me Telephone Number			
Enclosed	is a check for th	e following amount:				
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
F E P	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE COVILLE RE	EALTY GROUP LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa	ny were filed on <u>07/07/2021</u>	and assigned
Florida document number L21000311819		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
TROY SCOTT COVILLE LLC		
The new name must be distinguishable and contain the words "Limited Liz	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
Principal office address MUST BE A STREET ADDRESS)		121
		72
Enter new mailing address, if applicable:		-0 111
- <del></del>		175 N
Mailing address MAY BE A POST OFFICE BOX)		12 o
	<del></del>	EU CO
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, g	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	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
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			□Remove
			□Change
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Fective date, if other than the uneffective date is listed, the date me	ie date of filing: ust be specific and cannot b	e prior to dat	of filing or more	(option han 90 days after	o <b>nal)</b> filing.) Pu	rsuant to 605.020
ote: If the date inserted in this locument's effective date on the locument.			tatutory filing re	quirements, this	date will	l not be listed a
	•					
ecord specifies a delayed effecti is filed.	ive date, but not an effec	ctive time, a	: 12:01 a.m. on t	he earlier of: (b	) The 90	th day after the
July 30	, 2021					
	- 11/1					
Troy Co	ruille				_	