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COVER LETTER

Division of Corporations	
SUBJECT: New Covenant Painti Name of Limited Liability Co	ompan)
The enclosed Articles of Amendment and fee(s) are submitted for filing	ng.
Please return all correspondence concerning this matter to the following	u č :
Michael Br	randon Drand
	+ Painting LLC
	ide Dr Apt. J
Gulf Breeze F City/State an orand brandor E-mail address: (to be used for fi	ad Zip Code ad Zip Code
For further information concerning this matter, please call:	
Michael Brandon Drand at Control Name of Person	215, 390 - 3994 a Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certific	Filing Fee & Copy S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

	U	1		FILED
New Coveno	ent Po	ny as it now appears of	LLC 20	124 OCT 31 PM 1: 12
The Articles of Organization for this Limited Lia Florida document number $LQ100036$	bility Company			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the New Covenant The new name must be distinguishable and contain the work Enter new principal offices address, if applicate the enterpolar office address MUST BE A STREET	tome S rds "Limited Liability ble:	er vice S	nation "LLC" or the	abbreviation "L.L.C." 5 i cle Dr Apt 32563
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X</u>)	5539 S Gulf P	ooundsic preeze F	le Dr. Apt. 3 FL 32563
B. If amending the registered agent and/or regagent and/or the new registered office address	_	ddress on our reco	rds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:	Mich	ael Br	andon	Orand Apt J.
New Registered Office Address:	<u>9539</u>	Source Shorida	Street address	Apt U.
		1e0ZQ 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 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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