## **人22000 205 413**

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## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:		chnologies LLC		
SUBJECT:	-	Name of Limit	ted Liability Company	
The enclosed	I Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		Filing Angela		
			Name of Person	
		ZenBusiness, Inc.		
			Firm/Company	
5511 Parkerest Drive, STE 103				
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.cor		
		E-mail address: (to	o be used for future annual report notific	ration)
For further in	nformation co	ncerning this matter, please ca	11:	
Filing Ange	la		844 493-6249	
	Name of	Person	at () Area Code Daytime	Felephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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)

MAILING ADDRESS:

**Registration Section** 

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Covenant Technologies LLC

company has been notified in writing of this change.

2022 HAY 31 AM 11: 45

TALLAHASSEE, FU The Articles of Organization for this Limited Liability Company were filed on 5/02/2022 and assigned florida document number 1.22000205413  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 address on our records, enter the name of the registered agent and/or the new registered office address here:
A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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 address on our records, enter the name of the
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 address on our records, enter the name of the
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B. If amending the registered agent and/or registered office address on our records, enter the name of the
B. If amending the registered agent and/or registered office address on our records, enter the name of the
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida
City , Florida, Florida
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

If Changing Registered Agent, Signature of New Registered Agent

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. Thereby confirm that the limited liability

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	Juan Carlos Jimenez		□ Add
		4829 N O'Conner Rd., 161 Irving, TX 75062	■ Remove
			Change
AMBR	Anthony Petrelli	<del></del>	
		232 East Timonium RD Timonium, MD 21093	<b>⊟</b> Remove
			☐ Change
			□ Remove
			☐ Change
			Remove
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		<del></del>	
		<u> </u>	Remove
			Change
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			Remove
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ective date, if other than the d	ate of filing:			(optional)	
reffective date is fisted, the date must te: If the date inserted in this block	be specific and cannot be	prior to date of filit oplicable statutor	ng or more than 90 day y filing requiremen	rs after filing.) Purs ts, this date will r	uant to 605.020 101 be listed a
cument's effective date on the Dep	partment of State's rec	ords.			
record specifies a delayed	effective date, bu	t not an effec	tive time, at 12	:01 a.m. on t	he earlier (
The 90th day after the reco			,		
ted May 18	2022				
		<del></del>			
/s/ Casey M	larquette				

Page 3 of 3

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