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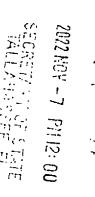
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Special Instructions to I	Filing Officer:	

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COVER LETTER

Registration Section Division of Corporations

TO:

COVENA SUBJECT:	LLC		
Sobret.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CARLA S ALVAREZ		
		Name of Person	
	COVENA LLC		202 Sec.
		Firm/Company	
	8831 SW 212 TERR		
		Address	
	CUTLER BAY FL 33189		2022 MON - 7 PH 12: 00
		City/State and Zip Code	——————————————————————————————————————
	CARLA@COVENA.NET		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
CARLA S ALVAREZ		305 542-5242 at ()	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COVENA, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our da Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number L22000443641	Company were filed on NOVEMB	BER 2, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 350
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		PH
(Mailing address MAY BE A POST OFFICE BOX)		00
B. If amending the registered agent and/or register agent and/or the new registered office address here.		enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
 -	City	, Florida 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 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
MGR	CARLA S ALVAREZ	8831 SW 212 TERR	≣ Add
		CUTLER BAY, Ft. 33189	□Remove
			□Change
	 .		□Add
			□ Redneve
			Change
			□Add
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an effective date is listed ote: If the date inser	d, the date must be spe ted in this block do	ecific and cannot be	e prior to date of t	iling or more than	90 days after f	ling.) Purs	suant to 60)5,020
ocument's effective d	late on the Departm	ent of State's rec	cords.	ion y minig requir	ements, this	aute wiii	nor oc no	ica a
ecord specifies a dela	ayed effective date,	but not an effect	tive time, at 12:	01 a.m. on the e	arlier of: (b)	The 90t	h day aft	er the
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