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COVER LETTER

TO: Registration Se Division of Cor			}
Data Maids	, LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Donald Griffin Williams		
		Name of Person	
	Data Maids LLC		
		Firm/Company	
	1100 Carraway Street		
		Address	
	Tallahassee, FL, 32308		
	107 111 10100	City/State and Zip Code	
	griffin,williams,1010@gma E-mail address: ()	ii.com to be used for future annual re	port notification)
For further information c	concerning this matter, please ca	sH:	
Griffin Williams		850 2730 at ()	0093
Name o	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclo	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Ado	
Registration : Division of C			ion Section of Corporations
D O Day 422	•	The Court	as a C Tallalan sana

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Data Maids LLC

The state of the s (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on 12/12/2022	and assigned
Florida document number L22000519471	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Covenant Safety Group LLC		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · ·	
	-	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter t</u>	the name of the new registered
ngen und of the new registered white und ess here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	rida 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. Thereby 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
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
		□Remove	
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Donald Griffin Williams	- //	be specific and cannot be prior to date ock does not meet the applicable strained and state's records. Education of State's records. 2023 Signature of a member or authorized records.	be specific and cannot be prior to date of filing or more than 90 days after filing.) I book does not meet the applicable statutory filing requirements, this date was partment of State's records. The date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The state of a member or authorized representative of a member.

Filing Fee: \$25.00