## L23000180446

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to Spoke LN4h A Ite Confirmed audress for	o Filing Officer.  NZ. Hyde from Inc Muthroto  I they are changing the  MR. Vincent, V.W.  8123123

Office Use Only



400412408274

07/19/23--01003--017 \*\*25.00



MN

## **COVER LETTER**

	gistration Sect dision of Corpo				
SUBJECT:	COVENAN	NT PROPERTY GRO Name of Lin	UP, LLC nited Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return	all correspond	lence concerning this matter	to the following:		
		Corpor	rate Maintena	nce Lead	
			Name of Person		
Processing Department					
	Firm Company				
			1450 Vassar	- St	
			Address		<del></del>
			Reno, NV 895	02	
		-	City State and Zip Coc	de	
		E-mail address:	(to be used for future annu	al report notification	on)
For further i	nformation cor	icerning this matter, please c	rall:		
F	Processin	ng Department	at ( 800 )	638-2320	
	Name of I	- <del></del>	Area Code		phone Number
Enclosed is	a check for the	following amount:			
☑ \$25,00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fe Certified Copy (additional copy is		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

COVENANT PROPI (Name of the Limited Liability Compa (A Florida Limited		<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L23000180446	were filed on 04/12/23	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	515 E Las Olas Bouley	ard, Suite 120-F67
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale	<u> </u>
	FL 33301	2023 3EC
Enter new mailing address, if applicable:		AUG 2-3
(Mailing address MAY BE A POST OFFICE BOX)		SS 3 M
		20 ATE
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		is, enter the name of the ne
	_	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	F	lorida

## 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_	Vincent Patino	.515 E Las Olas Boulevard, Suite 120-E67□ Add			
		Fort Lauderdale	Remove		
		FL 33301	El Change		
		<del></del>	Add		
			□ Remove		
		·	Change		
			Add		
			Remove		
			Change		
			Remove		
			Change		
			Add		
			□ Remove		
			Change		
			☐ Remove		
			□ Change		

	g any other information, (				
<del></del>					
		·			
		·			
		<u>-</u>		<del></del>	
			•	·	
<del> </del>		<u> </u>			
<del></del>					
					<u>-</u>
	<del></del> -			<del></del>	<del></del>
					<del></del>
Note: If the	ate, if other than the date date is listed, the date must be sp date inserted in this block do effective date on the Departn	ses not meet the applicable			
	specifies a delayed effe n day after the record is		n effective time	, at 12:01 a.m. on	the earlier of:
Dated	7/12		week.		
_	Signa	ture of a member or authoriz	N. James	member	<del></del>
	-	Vincent l			
_	<del> </del>	Typed or printed i			

Page 3 of 3

Filing Fee: \$25.00