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## **COVER LETTER**

TO: Registration S Division of Co					
43 A 7 B 2 A 4 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	GE THAT MATTERS, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing			
		- -			
Please return all corresp	ondence concerning this matter	to the following:			
	Justin Montoya				
		Name of Person		<del></del>	
	COVERAGE THAT MA	TTERS, LLC			
		Firm/Company		<del></del>	
	16001 SW 139th Ave				
	<del></del>	Address			
	Miami, FL 33177				
	justinjmontoya@gmail.con	City/State and Zip Code			
		to be used for future annual	report notification)	<del></del>	
For further information	concerning this matter, please c	all:			
Justin J Montoya		786 378	8-3721		
Name	of Person	Area Code	Daytime Telepho	one Number	
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Division The Cen 2415 N	ation Section n of Corporatio ntre of Tallahas	See SEF ST 3:	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COVERAGE THAT MATTERS, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our ( Liability Company)	records.)
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number L24000284392		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" 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)		
<u> </u>		
		<del></del>
B. If amending the registered agent and/or registered office	address on our records, g	enter the name of the new registered
agent and/or the new registered office address here:		
N ON N		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
N. D. L. L. L. C. L. L. L. C. L.	City	Zip Code G 23
New Registered Agent's Signature, if changing Registered Agent	_	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duti- provided for in Chapter	es, and I am familiar with and 605, F.S. Or. if This document is—
		3: 00 STATE

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	Justin J Montoya	16001 SW 139th Ave Miami, FL 33177	□Add
			□Remove
			<b>■</b> Change
AMBR	Ernest Pomares	10933 NW 67th St Doral, FL 33178	<b>≡</b> Add
			□Remove
			Change
	<del></del>	<del></del>	□Add
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