403000053578

(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	SEP - 6	2013
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Anthony DePiero Home Service LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony De Piero Name of Person
Anthony Do Piero Home Service LGC S. Firm/Company 2170 Gulf Shore Blud. N. #416 Address
2170 Gulf Shore Blud. N. #416 Address No plas F1 34102
Naples, FL. 34/02 City/State and Zip Code
City/State and Zip Code tony depiero a gnail-com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony De Piero at 239, 784-2188 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

Anthony DePiero H	bone Service La	16
Anthony De Piero H (Name of the Limited Liability C (A Florida Lin	company as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L03000053578</u>	npany were filed on	2003 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
Home Watch Plus Mo	re "LLC"	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	No change	TO PRO TO
(Principal office address MUST BE A STREET ADDRES	<u>ss)</u>	57
		- FO 3 TT
Enter new mailing address, if applicable:	No change	
(Mailing address MAY BE A POST OFFICE BOX)		
		, enter the name of the new
New Registered Office Address:	Enter Florida s	treet address
	El.	orida
	City	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 608, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MCKM - M	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
	•		2019 SE
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			Remove
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			Add
			Remove
			· · · · · · · · · · · · · · · · · · ·
			Remove

f amending any other information, enter change(s	s) here: (Attach additional she	ets, if necessary.)	
No change			
		<u> </u>	
August 28th 2013			
August 28 th 2013 Anthony De Signature of a member or Anthony De Typed or	— Pierz		
Signature of a member or	authorized representative of a m	ember	_
Typed or	printed name of signee		_
1	Page 3 of 3		
Filir	ng Fee: \$25.00	A	25
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