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**EXAMINER** 



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TALLAHASSEE, FLORIDA

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## **COVER LETTER**

Division of C									
SUBJECT:	Executive H	ome Watching, LLC							
		ited Liability Company							
The enclosed Articles	of Amendment and fcc(s) are su	bmitted for filing.							
Please return all corres	spondence concerning this matte	r to the following:							
		Patrick L. Clinton							
		Name of Person							
	Execu	utive Home Watching, LLC							
		Firm/Company							
	492	5 Sandra Bay Drive #202							
		Address							
Naples, FL 34109  City/State and Zip Code  PLClinton79@aol.com  E-mail address: (to be used for future annual report notification)									
						For further information	n concerning this matter, please of	•	,
						P:	atrick L. Clinton	at ( 239 )	213-8113
	e of Person	Area Code & Daytime Telephone Number							
Enclosed is a check fo	r the following amount:								
<b>[]</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy-is enclose	\$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

Execu	tive Home V	<u>Vatching</u>	g, LLC			
( <u>Name of the Limited Li</u> (A F	lability Company lorida Limited Lia	as it now a bility Comp	pany)			
The Articles of Organization for this Limited Liab Florida document number		vere filed or	n <u>September 15, 2</u> 0	006 and assign	ied	
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	ne limited liabili	ty compan	y here:	•		
	N/A					
The new name must be distinguishable and end with t "L.L.C."	he words "Limited	d Liability (	Company," the designation	"LLC" or the abb	reviation	
Enter new principal offices address, if applicab	le:	N/A		<u> </u>	rm-,	
(Principal office address MUST BE A STREET.	ADDRESS)			<u> </u>		
Enter new mailing address, if applicable:		 N/A		7 PM I2: RY OF ST		
(Mailing address MAY BE A POST OFFICE BO		14// \				
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:	e address	on our records, <u>enter</u>	r the name of t	he new	
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
		Enter Florida street address				
		N/A	, Florida _			
	1	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.

N/A
If Changing Registered Agent, Signature of New Registered Agent

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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kate A. Clinton	4925 Sandra Bay Dr. #202 Naples, FL 34109	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets, if necessary.)	_
_			_ _
<del></del>			
Dated	December 15	, <u>2010</u> .	
	Signature of		
		Typed or printed name of signee	

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Filing Fee: \$25.00