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EXAMINER



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COMETARY OF STATE LAHASSEE, FLORID 一十二時間不開始 行法

COVER LETTER

Division of Corporations
SUBJECT: BRINKS HOME WATCH 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:
JOHN STEIGEN RERGED
JOHN STEIGENBERGER Name of Person
BRINKS HOME WATCH LLC
Firm/Company
27631 SOUTHVIEW DR
Address
BONTA SPRINGS FL 34135 City/State and Zip Code
JSTEIGENBERGERZOOG (a) HOTMAIL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOHN STEIGENBERGER at (239), 961-3506
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\$30.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

BRINKS HOME WATE	CH LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/0000//8826</u> .	vere filed on MDV 16, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
TEGAL HOME WATC The new name must be distinguishable and end with the words "Limited" "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	REGAL HOME WATCH LLC
(Principal office address MUST BE A STREET ADDRESS)	27631 SOUTHVIEW DR BOWITH SPRINGS FL 34135
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida 2 1
	City SA Zip Code SA
New Registered Agent's Signature, if changing Registered Agent:	FLOR
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

I hereby accept the appointment as registered agent and agree to act in this capacity. I further the forecomply with the provisions of all statutes relative to the proper and complete performance of my duties, and 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member			
Title	Name	Address	Type of Action
			Add Remove
			Add Remove
	,		Add Remove
 -	4		Add Remove
	·····		Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If ame	nding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.,)
Dated	DEC 30, 2011,		
	/	or authorized representative of a member	
	JOHN Typed o	STEIGENBERGER or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00