## L110000028458

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/i Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Co	orporations		
SUBJECT:	Watchto W	KN properties  ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Raul	LOPEZ Name of Person	
	<u>wateh</u>	Hover Properio	es
	3601 3	NW 100 Aven	ve
	Mirama	City/State and Zip Code  G22 9 9 mail. C to be used for future annual report notif	29
	Shainaha E-mail address: (	322 9 9 mail. C	ication)
For further information	concerning this matter, please ca	all:	
Shaina Name	Heenandez of Person	at ( <u>305</u> ) <u>790</u> Area Code Daytime	- 0757 : Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

(Name of the Limited Liability Compan	V as it now appears on our records.)
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number 11100028458	vere filed on 03 08 20 1 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	18640 SW 17th COURT
(Principal office address MUST BE A STREET ADDRESS)	Miramar, FL 33029
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	181040 sw 17 count Miramar, Fl 33029
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	•
Name of New Registered Agent: Paul	V. Lopez
New Registered Office Address: 18640	SW 17 COURT  Enter Florida street address
Mira	May

## 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Jairo Paulino	18662 SW17 C+	
i		Miramar FL 33029	Remove
			🗆 Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			□ Change
			□ Remove
			□ Change

Raul	V. Lopez	50.1.00	uner	- Manager	
Rocio	I. Lopez	50:1.00	iner	-Manager	
Pleas	e remove	Jairo	paulin	0.	
	<u> </u>				
Tective date, if o	ther than the date of filing	······································		(optional)	
ote: If the date in:	sted, the date must be specific and serted in this block does not me date on the Department of S	eet the applicable stat	filling or more than	90 days after filing.) Pursuant	
	es a delayed effective d after the record is filed.	ate, but not an ef	fective time,	at 12:01 a.m. on the	earlier (
nted <b>O</b>	nex	nember or authorized rej	presentative of a me	mber	
	Raul V.	Lovez Typed or printed name			

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00