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#### **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

TAMMY'S HOME WATCH & MAINTENANCE LLC SUBJECT:

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:

LYN SCHANTZ

Name of Person

TAX & FINANCIAL STRATEGISTS LLC

Firm/Company

28089 VANDERBILT DR., STE 201

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

LYN@WONDERTAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYN SCHANTZ

Name of Person

239 405-8395 at (\_\_\_\_\_) Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### TAMMY'S HOME WATCH & MAINTENANCE LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

#### A. If amending name, enter the new name of the limited liability company here:

GULF COAST HOME WATCH & MAINTENANCE LLC

The new name must be distinguishable and contain the words "Limited Liability Company," (	the designation "LLC" or the ab	breviati	on "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	· ;	
		ь. Бо	1
Enter new mailing address, if applicable:	ແລະ ເຄີຍ ເຄີຍ ເຄີຍ ເຄີຍ ເຄີຍ ເຄີຍ ເຄີຍ ເຄີຍ	PH -:	
(Mailing address MAY BE A POST OFFICE BOX)		20	

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
	Ciţy	_, Florida 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 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 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>	Name	Address	Type of Action
	<u></u>		□ Add
			⊡Change
			⊡Add
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#### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: [MMEDIATELY (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated1	2024	
Jammy	Norkman	
<b>Sig</b> i	nature of a member or authorized representative of a member	
TAMMY WORKMAN		
	Typed or printed name of signee	

Filing Fee: \$25.00