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COVER LETTER

Registration Section Division of Corporations

IFCT: PRI	VATEER INVE	STIGATIONS,	LLC
	Name of Li	mited Liability Company	
inclosed Articles of	Amendment and (ec(s) are su	bmitted for filing.	
se (eturn all correspo	ondence concerning this matte	r to the following:	
		FRRY O. HAGO	∞∂
	OV	ERWATCH, LLC Firm Company	<u> </u>
	12045 W	ALICERS GLEI	N LANE NORTH
		(VILLE, FL 3 City/State and Zip Code	
i ribar information a	E-mail address:	to be used for future annual report	t notification)
		at (<u>904)</u> - 70	07-6974
Name o	of Person	Arca Code Da	nytime Telephone Number
sed is a check for t	he following amount		
+25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	¥ \$55.00 Filing Fee & Certified Copy additional copy is enclosed)	Certificate of Status &
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

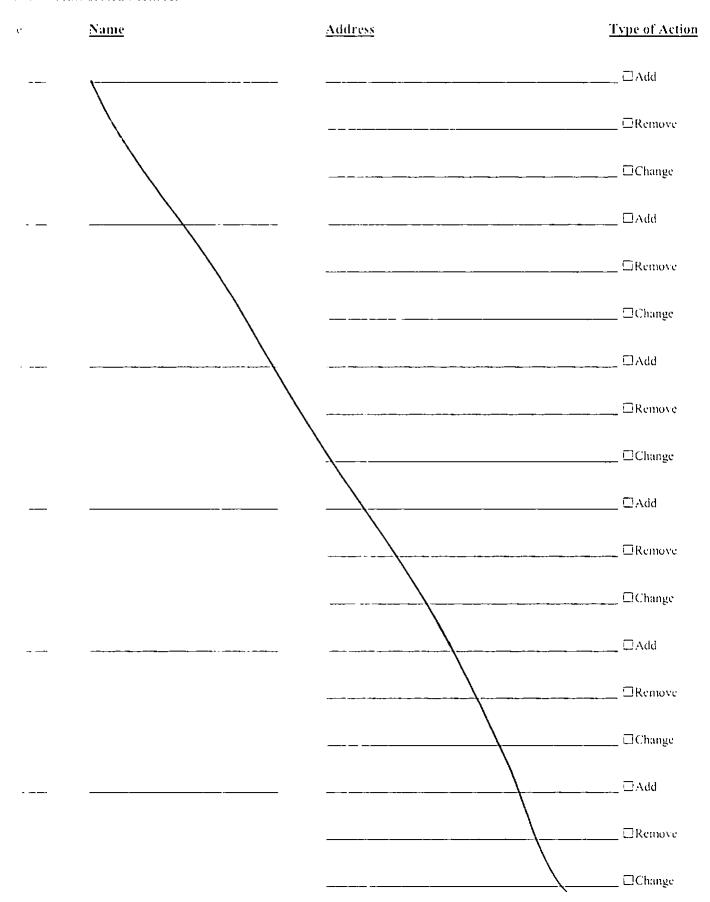
PRIVATEER INVESTIGATIONS, LLC (Name of the Limited Liability Company as it now appears on our records.)

Articles of Organization for this Limited Liability Company were filed on Thrulay 20, 2023 and assigned eda document number 4 120000 79086 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: OVERWATCH, LLC (ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 12045 WALKERS GLEN LA A renew principal offices address, if applicable: JACKSONVILLE, FL 32246 acipal office address MUST BE A STREET ADDRESS) ir new mailing address, if applicable: Jing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name δhine new regis at and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida Citi Registered Agent's Signature, if changing Registered Agent: eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is as filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability nany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being address of each person b

..R = Manager !BR = Authorized Member



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Samuel and the state of the second	Alanda a Ciffican
ective date is listed, the dat If the date inserted in th	the date of filing: (optional) c must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 his block does not meet the applicable statutory filing requirements, this date will not be listed as the Department of State's records.
d specifies a delayed eff led.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
JANUARY	9, 2023
1	10/16/
	Signature of authorized representative of a member
TE	RRY O. HAGOOD
	Typed or printed name of signee

Filing Fee: \$25.00