

L13000046591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600251135926

08/29/13--01008--025 **25.00

2013 OCT -9 PM 12:55
TALLAHASSEE, FL 32309

B. BOSTICK

OCT 10 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **HOUSEWATCHERS, 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:

M. TODD BURKE

Name of Person

BURKE BLUE

Firm/Company

195 GRAND BLVD., SUITE 101

Address

MIRAMAR BEACH, FL 32550

City/State and Zip Code

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

For further information concerning this matter, please call:

M. Todd Burke

Name of Person

850 267-9498

at ()

Area Code & Daytime 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
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

TALLAHASSEE, FL 32301

2013 OCT -9 PM 12:55

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOUSEWATCHERS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 29, 2013 and assigned
Florida document number L13000046591.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

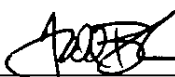
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	REGAL STEPHENS CONSTRUCTION, LLC	4947 E. COUNTY HIGHWAY 30-A	<input checked="" type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated October 7, 2013.



AUTHORIZED REPRESENTATIVE

Signature of a member or authorized representative of a member

M. TODD BURKE, ESQ.

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT -9 PM 12:56
TALLAHASSEE, FL 09116



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2013

ELIZABETH HENRY
GRAND BLVD. OFFICE PLAZA
195 GRAND BLVD., SUITE 101
SANDESTIN, FL 32550

SUBJECT: REGAL STEPHENS CONSTRUCTION, LLC
Ref. Number: L08000070680

2013 OCT -9 PM 12:56
TALLAHASSEE, FLORIDA

We have received your document for REGAL STEPHENS CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 113A00020757