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(Re	equestor's Name)	
(Ad	ldress)	
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R. W. GE

COVER LETTER

TO:

Tallahassee, FL 32314

-			
SUBJECT:	Watchtower F	Incurcial Systems	LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	<u>ه</u> ت	un Niebuhr	
		ratio of Leastin	
	C	Swaer - System	Financed
	Registration Section Division of Corporations ECT:		
	7340	Asmen Shores	(, rc/e
	Lake v	Joseph, FL 3346	,¬
		City/State and Zip Code	
	E-mail address: (t	nicount Egmail.	ration)
For further information	concerning this matter, please ca	ill:	
Jonn	Niebuhr	at (Su 1) 90 w - S	<i>i</i> 366
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
•			
		•	
r.u. box o	341	rne Centre of Ta	manassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Watch いいとこ 下: ハミハ c (<u>Name of the Limited Liability Con</u> (A Florida Limit	<u> 1911 - 217216</u>	ems LLC 12
(A Florida Limit	ed Liability Company	y)
The Articles of Organization for this Limited Liability Compa	any were filed on	5 - 1 - 20 1 3 and assigned
Florida document numberL13000064094		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company	<u>y here</u> :
Prosperity and Protection The new name must be distinguishable and contain the words "Limited Li	iability Company," th	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	λ	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our	ir records, <u>enter the name of the new reg</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	Florida street address
		, Florida Zip Code
	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 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 added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Change
			□Add
			□Remove
			□Change
			□Add
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		W	□Add
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			Remove
			Channa

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ote: If	tive date, if other than the date of filing: 50 - 379, 20 20 (optional) tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a strip effective date on the Department of State's records.
ecord is filed	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 l.
ted _	Sept. 3rd . 2020.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member