

L 13000121449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

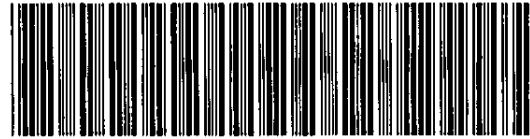
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TALLAHASSEE, FL 32310

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: eye watch home & condo services of  
Name of Limited Liability Company South West Florida LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Ann Knutowski  
Name of Person  
eye watch home & condo services  
Firm/Company of South West Florida LLC  
1000 Albany ct.  
Address  
Naples FL 34105  
City/State and Zip Code  
eyewatchswfl@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mary Ann Knutowski at 239 404-8885  
Name of Person 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



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

Title                      Name                      Address                      Type of Action

MGRM Ryan G. Knutowski      1006 Albany Ct.       Add  
Naples Fl 34105       Remove

MGRM MaryAnn Knutowski      1006 Albany Ct       Add  
Naples Fl 34105       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Add

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Remove

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2018 FEB 18 PM 4:16  
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TALLAHASSEE FL 32301

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

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Dated November 14, 2013.

M. Knutowski

Signature of a member or authorized representative of a member

Mary Ann Knutowski

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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