Division of Corporations Electronic Filing Cover Sheet

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(((H140001190913)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600

Fax Number : (323) 962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN COMMUNITY WATCH SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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To:

Electronic Filing Menu Corporate Filing Menu

Help

MAY 2 1 2013

T. HAMPTON _{5/20/2014}

05-19-14 10:57 FROM-

1-395 P0006/0009 F-764

COVER LETTER

TO: Registration S Division of Co					
	UNITY WATCH SOLUTION	IS LLC			
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	ourdence concerning this matter	to the following:			
	Cheyenne Moseley				
	<u> </u>	Name of Person	- 112-1		
	Legalzoom.com, Inc.				
	***	Firm/Company			
	100 W. Broadway Suite	100			
	and the state of t	Address			
	Glendale, CA 91210				
	***************************************	City/State and Zip Code			
	garold.williams@yahoo.e	com to be used for future armual report notifi	cotton)		
For further information	concerning this matter, please of	·	canus,		
Imelda Vasquez		323 962-8600 ex	t 7 950		
Name	of Person	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

13239628300 From

05-19-114 10:57 FROM-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED AN 7: STANSEL PLON

COMMUNITY WATCH SOLUTIONS LLC

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

A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the words "I	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 ADI	DRESS)	
Enter new mailing address, if applicable:	·	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	ristered office address on our records.	enter the name of the new
registered agent and/or the new registered office ad	dress here:	die the manne
Name of New Registered Agent:		·····
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 heing 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

05-19-114 10:57 FROM-

T-395 P0008/0009 F-764

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Julio Cesar Medina	13957 Osprey Links RD Apt 86	☑ Add
		Orlando	Remove
		FL 32	837
			
			Remove
			·
			✓ Add
			Remove
			D Add
			Tig Dikemove
			TO THE THE PERSON OF THE PERSO
			2044 RSSEELFE
			I KARBOVE
			: 52
			Remove

TO:

	05-19-14 10:57 FROM-	T-395	P0009/0009	F-764
D.	D. If amending any other information, enter change(s) here: (Atta	ich additional sheets, if necessary.)		
		•		
		······································		
			_	
				
E.	C. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State)	(optional) and cannot be more than 90 days after	_	
	Dated May 20th , 2014			
	Surply Signature of a member of authorized rep	ve convenies of a manufact		
	Garold Willia			
	Typed or printed name of		· ·	

Page 3 of 3

Filing Fee: \$25.00

TILED BILMAY 20 AM 7: 52 SECRETARY OF STATE