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## **COVER LETTER**

Registration Section Division of Corporations

O:

UBJECT:	me Protection Services, LLC  Name of Lin	nited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
ease return all correspo	ondence concerning this matter	to the following:	
	Anne C. Genovese		
		Name of Person	<del></del>
	Naples Home Protection S	Bervices, LLC	4,9
	<del></del>	Firm/Company	
	253 Sunrise Cay #102		7
		Address	
	Naples, FL 34114		بن
		City/State and Zip Code	
	annegenovese@yahoo.com		,
	E-mail address:	to be used for future annual report notif	ication)
or further information c	oncerning this matter, please o	all:	
nne C. Genovese		727 417-0761	
Name o	f Person		Telephone Number
closed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naples Home Protection Services (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on  $\frac{03/26/2018}{2}$ and assigned lorida document number <u>L14000173315</u> his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: enovese Designs, LLC ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: *la<u>iling</u> address MAY BE A POST OFFICE BOX*) If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address w Registered Agent's Signature, if changing Registered Agent: ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

npany has been notified in writing of this change.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
·—————			□Add
			□ Add □ Remove □ Change □ Add
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e date, if other than the date of filing:	(optional)
ctive date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory f	or more than 90 days after filing.) Pursuant to 605.0
nt's effective date on the Department of State's records.	and requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective of the properties of the record is filed.	e time, at 12:01 a.m. on the earlier
0/02/2020	
thing (Lierrallo)	
Signature of a member or authorized representati	tive of a member

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