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JUN 02 2015

J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gulf Coast Home Watcher, 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:	
Christina Venman Name of Person	
Name of Person	
Gulf Coast Home Watcher, LLC Firm/Company 2338 Immikalee food Ste 308 Address	
+338 LinnoKalee Food Ste 308	
Address	
Naples, FL. 34110 City/State and Zip Code	
City/State and Zip Code	
GUFCOCST h W C Concast. Net E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Randy Vewman at (9/4) 770/-0479 Name of Person Area Code Daytime Telephone Number	
/ Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee U\$30.00 Filing Fee & U\$55.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gulf Coast Hun	e Watcher	440	
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appears on our records.) y Company)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>L/500040920</u> .	1 /		ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability of	company here:		
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," 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 registered agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of	the new
			73
New Registered Office Address:	Enter Florida street address	PH N	Trans.
	City	Zip Bde	7
New Registered Agent's Signature, if changing Registered Agent:		E A	

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 = Ma $AMBR = Au$	nager thorized Member		
<u>Title</u>	Name /	Address	Type of Action
AMBR	Christina Newman	2338 Immokalee Rd Naples, F.L: 34110	# 36° ₽ (XX) Add
			Remove
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AMBR	Kundy Newmon		Add
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Filing Fee: \$25.00