LECCESTA 1

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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Special Instructions to Filing Officer:		

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SECRETARY OF STATE
FALLAHASSEE, FLORIDA.

DEC 01 2015

S. YOUNG

COVER LETTER

:3

TO: Registration S Division of Co					
	ch Cops LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Adolf Schnell				
		Name of Person			
	Home Watch Cops LLC				
		Firm/Company			
	162 SE 16th Terrace				
		Address			
	Cape Coral, Florida 33990)		三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	
		City/State and Zip Code	, , , , , , , , , , , , , , , , , , , ,	至四百	-17
	homewatchcops@yahoo.co	m to be used for future annual report notif	fication)	NOV 30 ALIASSE	
For further information of	oncerning this matter, please c	•	манону		
Adolf Schnell		239 770-0696 at ()		7.0000 1.00000 1.000000 1.000000 1.00000000	
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

Home Watch Cops LLC			
(Name of the Limit	ed Liability Comps (A Florida Limited)	ny as it now appears on our recor Liability Company)	r <u>ds.</u>)
The Articles of Organization for this Limited Li	ability Company	were filed on 03/20/2015	and assigned
Florida document number L15000050692	•		
his amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
Home Watch Cops LLC			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	162 SE 16th Terrace	
(Principal office address MUST BE A STREET ADDRESS)		Cape Coral, FL 33990	
Enter new mailing address, if applicable:		162 SE 16th Terrace	15 N SECRITALLA
(Mailing address MAY BE A POST OFFICE BOX)		Cape Coral, FL 33990	
3. If amending the registered agent and	or registered o		
egistered agent and/or the new registered of	fice address her	<u>e</u> :	55 55
Name of New Registered Agent:	Adolf Schnell		
New Registered Office Address:	162 SE 16th Te		
		Enter Florida street addr	
	Cape Coral		lorida <u>33990</u>
		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>	Name	Address	Type of Action
MGR	Joanne Cagle		
		404 SE 23rd St. Cape Coral, FL 339 9 0	Remove
			Change
MGR	Adolf Schnell	162 SE 16th Terr Cape Coral, FL 33990	B Add
			Remove
		-	☐ Change
AMBR	Michele Wedemeyer	162 SE 16th Terr Cape Coral, Fl 33990	■ Add
			Remove
			30 Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			D Remove
			□ Change

Effective date, if other than the date of filing: (If an effective 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 605.0207 (3 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated Mour min 10). If amending any other information, enter change(s) here: (Attach o	additional sheets, if necessary.)
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Jan Park		tive time, at 12:01 a.m. on the earlier of:
Signature of a member or authorized representative of a member	Dated November 10, 2015.	
Signature of a member of a member	Jan Cal	utativa of a manakar
	Signature of a member or authorized represen	ntative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00