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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor				
cub ira		e Watch, LLC	•	. •	
SUBJEC	.1:	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Jennifer Wolf			
			Name of Person		
		Wolf Home Watch, LLC			
			Firm/Company		<u> </u>
		17961 Bonita National B	llvd #512		
			Address		
Bonita Springs, Florida 34135			34135		
City/State and Zip Code				- · · · · · · · · · · · · · · · · · · ·	
		jenwolfhomewatch@yaho			
			to be used for future annual	report notification	10)
For furth	er information c	oncerning this matter, please co	all:		
Jennifer	Wolf		239 37 at ()	0-7930	
	Name o	f Person	Area Code	Daytime Tele	ephone Number
Enclosed	l is a check for th	he following amount:			
□ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy tadditional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street A		
	Registration 5 Division of C		•	ation Section of Corpora	
	P.O. Box 632	•		ntre of Tallal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wolf Home Watch, LLC

(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited I.	Liability Company	1	27/2015	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	17961 Bonita Nation	nal Blvd #512	
(Principal office address MUST BE A STREI	ET ADDRESS)	Bonita Springs, Flor	ida 34135	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	same		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our record		of the new register
Name of New Registered Agent:	Michael Austi	n lvkovic	The state of the s	
New Registered Office Address:	17961 Bonita	National Blvd #512		
	Bonita Spring	Enter Florida str S	eet address	5 5 14135
		City	<u>· </u>	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>	<u>Name</u>	Address	Type of Action
MGR & AR AMBR	Jennifer Wolf	17961 Bonita National Blvd #512	□Add
AMBR		Bonita Springs, Florida 34135	= Remove
			□Change
MGR d	Michael Austin Ivkovic	17961 Bonita National Blvd #512	≣ Add
Ambk		Bonita Springs, Florida 34135	□Remove
			□Change
			🗀 Add
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en :	date, if other than the date of filing: (optional)
Hective o	e 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 605.0.
an effective	activite inscrict in this plack nock not incer he angueanic spaniory filling regulteriems. This date will hot he listed
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Filing Fee: \$25.00