## 115000153962

(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	#)		
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(Do	cument Number)			
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## **COVER LETTER**

TO: Registration So Division of Con						
	e Med Spa, LLC					
Name of Limited Liability Company						
The englosed Articles of	Amendment and fee(s) are sub	mitted for filing				
	ondence concerning this matter					
	Frank J. Aloia, Jr., Esq.					
	Name of Person					
	Aloia, Roland, Lubell & M	lorgan, PLLC				
	Firm/Company					
	2222 Second Street					
		Address				
	Fort Myers, FL 33901					
	taloia@lawdetined.com	City/State and Zip Code				
		to be used for future annual report noti	fication)			
For further information c	concerning this matter, please co	all:				
Frank J. Aloia, Jr., Esq.		239 791-7950				
Name of Person		at () Area Code Daytim	e Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres		Street Address:	ction			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TAILE OF THE PARTIES

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naples Life Med Spa, LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) oited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number 1.15000153962	pany were filed on September 9, 2015 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
Naples Life Home Watch, LLC			
The new name must be distinguishable and contain the words "Limited I	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 ADDRESS	S)		
	2		
Enter new mailing address, if applicable:	2 AUG		
Mailing address MAY BE A POST OFFICE BOX)	28		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zin 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.

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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	Robert Charles Dushack	25830 Creekbend Drive	🗀 Add
		Bonita Springs, FL 34135	
			☐Change
MGR	Lance Martinicchio	2410 Leafshine Lane	
		Naples, FL 34135	□Remove
			(☐Change
			•
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JANESON OF CONFORMATION

\_ □Remove

Filing Fee: \$25.00

Typed or printed name of signee