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COVER LETTER

Division of Corporations			
SUBJECT: Gulf	Coast Home_ Name of Limit	Watch Services	<u>11°</u>
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for tilling.	
Please return all correspon	dence concerning this matter	to the following:	
		Breese Name of Person	
	Breeze Hon	re Watch Service Firm/Company	<u> </u>
	421 NW 18	reduce 4.	
	Cape Coral	FC 33993 City/State and Zip Code	
	david brus	e 8 gmail, com	cation)
For further information co	ncerning this matter, piease ca	ill:	
David Br	reese Person	at (239) 728-/ Area Code Daytime	692 Telephone Number
Englosed is a check for the	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 ADDRESS:

TO:

Registration Section

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



(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>September 19,3015</u> and assigned Florida document number <u>L15000155859</u>.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the</u>	limited liability company here:
Breeze Home Watch	Services, LL C "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable	:
Principal office address MUST BE A STREET A	DDRESS)
	
Enter new mailing address, if applicable:	
· · · · · · · · · · · · · · · · · · ·	**************************************
<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>
R. If amending the registered agent and/or i	registered office address on our records, enter the name of the new
registered agent and/or the new registered office	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
-	City Zin Cade

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	imending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added removed from our records: $ \hat{f} = \int f dx_{ij} dx_{ij} $			
MGR= M	•		2017 AUG 14 PM 4: 37	
<u>Title</u>	<u>Name</u>	Address	FALLAHASSEE, FLORID	Type of Action
			The FLORID.	🗖 Add
				□ Remove
				Change
				☐ Remove
				Change
				🗆 Add
				□ Remove
			<u> </u>	Change
				🗅 Add
			***************************************	□ Remove
				Change
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				□ Remove
				🗆 Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2017 AUG 14 PM SLIVE AND OF S
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fective	date, if other than the date of filing: (optional) ve 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 605,020
n effect ife: If	ve 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 605.020 the date inscribed in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The 9	Oth day after the record is filed.
	M219 2817
ited <u>.</u> .	May 9 . 28/7. Signature of a member or authorized representative of a member
	Land a Bruse
	Signature of a member or authorized representative of a member
	David J Breese Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00