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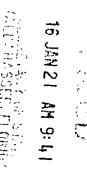
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COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT: 2	Heaits Hume W Name of Limi	Datch UC ted Liability Company	-
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Keni	L C(JZ Name of Person	
		Name of Person Firm/Company	- <u>u</u>
	13751	Silver Lake C+ Address	
		Myers FL 33912 City/State and Zip Code Monewatch @gma to be used for future annual report notific	
For further information co	E-mail address: (t ncerning this matter, please ca		cation)
Kellie (C(JZ Person	at (239) 822-2 Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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: 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

<i>\</i>	Hearts Home Watch U	<u></u>
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on Janua (4 1, 20	and assigned
Florida document number <u>L 15000 207</u>	<u> 357</u> .	_
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of th	ne limited liability company here:	
Home Team +	tome watch LLC	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	· · · · · · · · · ·
Enter new mailing address, if applicable:	A	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
	registered office address on our records, <u>en</u> <u>ee address here</u> :	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>en</u> re address here:	ter the name of the new
egistered agent ana/or the new registered office	e uddress nere.	
Name of New Registered Agent:		Chi to Fritz
-		
New Registered Office Address:	Enter Florida street address	***
	, Florida	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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
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fective date, if ot	her than the date of	f filing:			(option	ıal)		
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Filing Fee: \$25.00