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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

		istration Sec sion of Corp				
SUBJE		HAWK HO	ME WATCH, LLC			
SOBJEC		• • •	Name of Lim	ited Liability Comp	oany	
The encl	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn	all correspon	ndence concerning this matter	to the following:		
George Mantzidis, Esq.						
				Name of Pe	rson	
			George Mantzidis, Attorne	y at Law, PLLC		
				Firm/Comp	any	
			1185 Immokalee Road, Ste	e. 110		
				Address		
			Naples, FL 34110			
				City/State and Z	ip Code	
City/State and Zip Code george@gmanlaw.com E-mail address: (to be used for future annual repo						
For fumb	in	formation of	e-man address: (e annuai report noti	tication)
			oncerning this matter, please ca			
George Mantzidis, Esq.			at (438-4609		
		Name of	f Person	Агеа Со	ode Daytim	e Telephone Number
Enclosed	d is a	check for th	e following amount:			
\$25.9	00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified (additional control		□ \$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			R D C 2	TREET/COURI legistration Section Division of Corporal Clifton Building 661 Executive Ce Callahassee, FL 32	rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAWK HOME WATCH, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number L16000213184	ere filed on 11/21/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	₩ PASS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	JAN 18 AM 2:
B. If amending the registered agent and/or registered offices	ce address on our records, enter the name of the n
registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Fioriaa street aaaress

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> <u>Address</u> **Type of Action** MGR LUIGI CAMPOBASSO 14685 BEAUFORT CIRCLE _ 🗆 Add NAPLES, FL 34119 ■ Remove □ Change MGR 2390 HEYDON CIRCLE EAST PAUL STALLONE ■ Add NAPLES, FL 34120 _□ Remove _□ Change _ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change

). If amendin	g any other information, ent	er change(s) here: (A	ach addition	nal sheets, if necesso	ary.)	
						
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(If an effective Note: If the	ate, if other than the date of it date is listed, the date must be specific date inserted in this block does a effective date on the Department	ic and cannot be prior to dat not meet the applicable s	e of filing or mor statutory filing	(optiona e than 90 days after filir requirements, this da	ig.) Pursuant to 605	5.0207 (3)(b ed as the
	specifies a delayed effection day after the record is file		effective tir	me, at 12:01 a.m	. on the earli	er of:
Dated	ry 10			7		
-	Signature	of a member or authorized	representative of	Ta member		
	-					
L -	LUIGI CAMPOBASSO	Typed or printed nam	20.06.			

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Filing Fee: \$25.00