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MAY 1 5 2017 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>iJATC</u>		ONAL HONE WATCH ited Liability Company	5011/105
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		LESKU Name of Person	
	WATCHMON.	I HOME WATELY SOME Firm/Company	V165
	16290 ALONA	ANDON PON	SEGRETARY E. FLORIUM TALLAHASSEE, FLORIUM TY MAY 12 PM 2: 32
	SUPITON,	FL 33478 City/State and Zip Code	12 PH 2: 32
	ELESKO:	3395 o AOL. COM to be used for future annual report notif	ication w
For further information co	oncerning this matter, please of		Po ÷
<i>E. U. Go. N</i> b Name of		at (<u>561</u>) <u>246-0</u> Area Code Daytime	905 Telephone Number
Enclosed is a check for th	ne 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 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 Liabi	lity Company were filed on	4-18-17	and assigned
Florida document number <u>L1700008656</u>	_		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	•	SEGRETARY OF TALL HAY 12
B. If amending the registered agent and/or registered agent and/or the new registered office	-	our records, enter	the name of the riev
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida street address	
		, Florida	12.1
	City	<u>.</u>	Zip Code
New Registered Agent's Signature, if changing Regi	stered 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 = Ma $AMBR = Au$	inager thorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGK	BLAGONO A LESKO	JUPITON, FL 35478	☑ Add		
		JUPITON, FL 35478	☐ Remove		
			Change		
		·	Add		
			□ Remove		
		·	Change		
			LL AHA		
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	PM
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ective date, if other than the date of filing: (optional)	32
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. e: If the date inserted in this block does not meet the applicable statutory filing requirements, this date ument's effective date on the Department of State's records.	.) Pursuant to 605.020 will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. he 90th day after the record is filed.	on the earlier o
ed	
,	
5 (1.11.	
Signature of a member or authorized representative of a member	<u>-</u>

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Filing Fee: \$25.00