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(Req	uestor's Name)	
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COVER LETTER

TO:		ration Sec on of Corp			,
SUBJE	CT:	Ailler Hom	eWatch, LLC		
SUBJE	C1		Name of Lim	ited Liability Company	
The enc	losed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn al	l correspon	dence concerning this matter	to the following:	
			Nathaniel Woodhull		
		•	JMiller HomeWatch LLC	Name of Person	
			27211 Belle Rio Drive	Firm/Company	
			Bonita Springs, FL 34135	Address	
			mrthreewoody@gmail.com	City/State and Zip Code	
				to be used for future annual report not	fication)
or furth	her info	mation cor	ncerning this matter, please ca	all:	
Nathani	el Wood	ihull		239 825-9356 at ()	
		Name of I	Person		ne Telephone Number
Enclose	d is a ch	eck for the	following amount:		
■ \$25.	.00 Filin	ig 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2013 5: 25 F<u>il</u> 5: 02 JMiller HomeWatch LLC (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 6/01/2018 _____ and assigned Florida document number L18000136515 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JMiller HomeServices, LLC The new name must be distinguishable and contain the words "Limited 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>	Address	Type of Action
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E. Effective date, if other than the dat (If an effective date is listed, the date must be a Note: If the date inserted in this block a document's effective date on the Depart	specific and cannot be prior to date of does not meet the applicable state	(optional) filing or more than 90 days after filing.) Pursuatory filing requirements, this date will n	uant to 605.0207 (3) not be listed as the
If the record specifies a delayed eff (b) The 90th day after the record	fective date, but not an eff is filed.	fective time, at 12:01 a.m. on th	ne earlier of:
Dated September 23	2019		
Pathumor	& Warlel		
Sign	nature of a member or authorized rep	reventative of a marsh as	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00