L18 000 257 290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

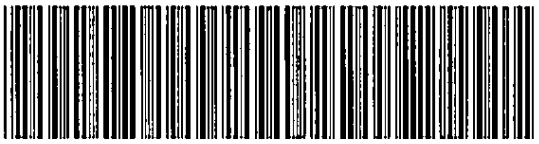
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900399796709

01/09/23--01019--003 **25.00

TO: **Registration Section**
Division of Corporations

1-STOP HOME WATCH SERVICES LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID LING

_____
Name of Person

1-STOP HOME WATCH SERVICES LLC

_____
Firm/Company

3748 JUNGLE PLUM DR E

_____
Address

NAPLES, FL 34114

_____
City/State and Zip Code

DAVID@1-STOPHOMEWATCHSERVICE.COM

_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID LING 239 227-7001

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed 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:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

1-STOP HOME WATCH SERVICES 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 11 01 2018 and assigned Florida document number L18000257290.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

City , 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

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	ASHLEY ROSE WALTERS (FRANKS)	89888 MADRID CIRCLE	
_____	_____	_____	☐Add
		NAPLES FL 34104	
		_____	☐Remove
		(NAME CORRECTION)	
		_____	■Change
AMBR	DAVID WALTERS	89888 MADRID CIRCLE	
_____	_____	_____	■Add
		NAPLES FL 34104	
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change
_____	_____	_____	☐Add
		_____	☐Remove
		_____	☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

OWNERSHIP OF THE LLC CHANGED TO CORRECT NAME OF ASHLEY ROSE WALTERS (FRANKS), ADD MEMBER DAVID WALTERS AND TO SET PERCENTAGE OF OWNERSHIP AS DETAILED BELOW:

DAVID LING	42%
MARILYN LING	42%
ALLISON WALTERS	10%
ASHLEY ROSE WALTERS (FRANKS)	5%
DAVID WALTERS	1%

2 1 2023

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 5 2023

Signature of a member or authorized representative of a member

DAVID B LING

Typed or printed name of signee