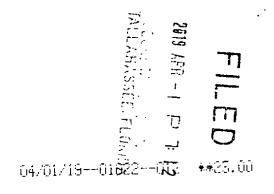
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: FIVE	,-OHOME Wa Name of Lim	Heh LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert	D. Brown Name of Person	2019 / FR -
	4330 MA	Firm/Company WFIELD DRO Address	<u> </u>
	UENICE, Cajaws (FL 34293 City/State and Zip Code Not Mail Co M to be used for future annual report noti	(fication)
For further information e	oncerning this matter, please ca	all:	
CHERYL Name of	JAMES of Person	at (G41) 979 - Area Code Daytim	7544 e Telephone Number
Enclosed is a check for the	he 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)
Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIVE-O HOME	WAtch LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L 19000074</u>	bility Company were filed on $3/15/19$ and assigned $4/13$.
This amendment is submitted to amend the follow	ring:
A. If amending name, enter the new name of the NO WOLLIES HOME. The new name must be distinguishable and contain the work	he limited liability company here: WA+Chers LLC ds "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicab	ole:
Principal office address MUST BE A STREET	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO	28 7 7 7 7 1 PR - 1 PR
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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
		-	□ Remove
			Change
			Add
		□ Remove	
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			Remove
			☐ Change

	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	(optional) an 90 days after filing.) Pursuant to 605.020' aircments, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier o
ated 3/28/2019	
Signature of a member or authorized representative of a member of a member of authorized representative of a member of a m	nember
P) R	

Filing Fee: \$25.00

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