

L19 000096202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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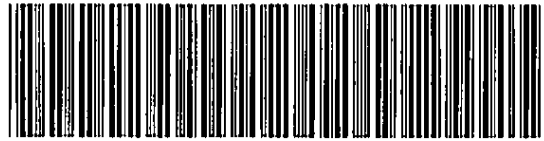
(Business Entity Name)

(Document Number)

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10/07/19--01039--012 **30.00

2019 OCT -7 AM 11:42

FILED

C. GOLDEN

OCT 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PDP HOME WATCH, LLC

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:

PETER D. PETRUCCI

Name of Person

PDP HOME WATCH, LLC

Firm/Company

398 CITY VIEW DRIVE

Address

FORT LAUDERDALE, FL 33311-9136

City/State and Zip Code

PETERFTL2020@GMAIL.COM

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

For further information concerning this matter, please call:

PETER PETRUCCI

Name of Person

at (954) 522-3310

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PDP HOME WATCH, LLC

2019 OCT -7 AM 11:42

(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 04/08/2019 and assigned Florida document number L19000096202.

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)

1759 NE 45TH STREET
OAKLAND PARK
FLORIDA 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1759 NE 45TH STREET
OAKLAND PARK
FLORIDA 33334

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:

ROBERT GODFREY

New Registered Office Address:

1759 NE 45TH STREET

Enter Florida street address

OAKLAND PARK, Florida 33334

City

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.

✓

R Godfrey
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>	<u>Type of Action</u>
<u>MGR</u>	<u>PETER D. PETRUCCI</u>	<u>398 CITY VIEW DR</u>	<input type="checkbox"/> Add
		<u>FORT LAUDERDALE, FL 33311</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>ROBERT GODFREY</u>	<u>1759 NE 45TH STREET</u>	<input checked="" type="checkbox"/> Add
		<u>OAKLAND PARK</u>	<input type="checkbox"/> Remove
		<u>FLORIDA 33334</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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(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)

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.

MGR *John A. DeLuca*

PETER D. PETRUCCI

Filing Fee: \$25.00