49000 152 196

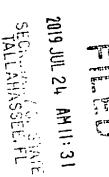
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000329418250

07/24/19--01005--012 **25.00



C Killacis

COVER LETTER

	Registration Sec Division of Corp			
611111CZ	****	AGES ELITE HOME WATCH	SERVICES, L.L.C.	
SUBJEC	.1:	Name of Limi	ted Liability Company	
The encl	osed Articles of z	Amendment and fee(s) are subr	nitted for filing.	
Please re	turn all correspo	ndence concerning this matter t	o the following:	
		Scott K. Larson		
			Name of Person	
		841 Berryhill Cir.	Firm/Company	
			Address	
		Fruitland Park, FL 34731	City/State and Zip Code	
		scott@lakesumterhomewate	h.com	
For furth	ner information co	E-mail address: (t oncerning this matter, please ea	o be used for future annual report notifi all:	canon)
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d 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 TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) ed Liability Company)	
ny were filed on 06/10/2019	and assigned
ability company here:	
ability Company," the designation "LLC" o	r the abbreviation "L.L.C."
	
	TILL 24 AH
	The stand
	<u> </u>
office address on our records, ere:	enter the name of the ne
Enter Florida street address	
Ela wi	da
City , Fiori	Zip Code
	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
MGR	LARSON, SCOTT KIRLIN	841 Berryhill Cir. Fruitland Park, FL	■ Add
			☐ Remove
			Change
AR	LARSON, BETHANY R		
		841 Berryhill Cir. Fruitland Park, FL	= Remove
			☐ Change
AMBR	LARSON, BETHANY RAY-GILLENTINE	841 Berryhill Cir. Fruitland Park, FL	■ Add
			Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			□ Chango

_									
	_								
-			. <u>-</u> .	 -					
_									
-									
_									
	_								
	-								
_	-				-	 			
-	<u> </u>	.	<u>-</u>	<u>.</u>					
_					_				
_									
_						•		_	
					<u>, </u>	-			·
_					 .				
_									
_			<u>_</u>						<u></u>
_			_						
ote:	If the date in	serted in this	he date of fi nust be specific block does n Department	ot meet the a	ipplicable stat	filing or more utory filing re	than 90 days af equirements, t	otional) der filing.) Purst his date will n	uant to 605.0207 ot be listed as
e red The	cord specif 90th day	ies a delay after the r	red effectiv ecord is file	ve date, bu ed.	it not an ef	fective tim	e, at 12:01	La.m. on th	ne earlier of
ated	JULY, 17			2019					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00