## 120000056537

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
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T. MATTHEWS

JUN - 1 2022

## **COVER LETTER**

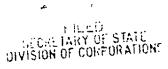
TO: Registration Division of	n Section Corporations		
	COAST HOME WATCH LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	PETER ASHEKIAN		
		Name of Person	<del></del>
	GOLD COAST HOME W	/ATCH LLC	
		Firm/Company	<del></del>
	14554 TROPICAL DRIV	Е	
		Address	
	NAPLES, FL 34114		
		City/State and Zip Code	
	pashekian@outlook.com		
		to be used for future annual report no	trlication)
For further information	on concerning this matter, please c	all:	
PETER ASHEKIAN		908 500-8133 at ()	
Nar	ne of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	e S30.00 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 Add		Street Address:	
Registration Division o		Registration Section of Co	
Division of Corporations P.O. Box 6327		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



22 APR 20 PM 1: 54

## GOLD COAST HOME WATCH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Frontie City	area islaminy company r		
The Articles of Organization for this Limited Liability Comp	nany were filed on FEBR	UARY 19, 2020	and assigned
Florida document number L20000056537			
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 I	Liability Company," the desig	gnation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our reco	rus, enter the name	or the new registers
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
		Florida	
	City	1101100	Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my as provided for in Cha	duties, and I am fa pter 605, F.S. Or, ij	miliar with and Tthis document is
		_	

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
AMBR	MICHAEL E CHRISTIANSEN	4185 REGATA WAY, #208	
		FORT MYERS, FL 33916	<b>■</b> Pamova
			□Change
			🗀 Add
			□Remove
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	APRIL, 15, 2022
Effectiv	e date, if other than the date of filing:
Note: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	nt's effective date on the Department of State's records.
e record rd is file	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 d.
Dated _	APRIL 13 LON
_	

Filing Fee: \$25.00

Typed or printed name of signee