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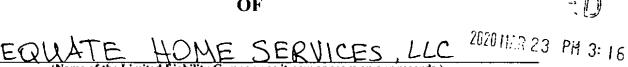
COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: ADEQ	Name of Limi	E WATCH, LLC	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Am			
ricase return an corresponde	nee concerning and matter t	to the following.	
	STEPHEN	GERMAN Name of Person	
	ADEQUATE	E HOME WATCH	LLC
(220 ERIE DI	RIVE NAPLES FO	<u> 34/10</u>
	 ? .	City/State and Zip Code	
	Stephen Germo E-mail address: (to	o be used for future annual report notifi	cation)
For further information conce	erning this matter, please ca	ıll:	
_			
STEPHEN C		at (<u>)39_) 919-90</u>	30
Name of Per	son	Area Code Daytime	Telephone Number
Enclosed is a check for the fo	ellowing 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 Sect		<u>Street Address:</u> Registration Sec	
Division of Corp	orations	Division of Corp	
P.O. Box 6327 Tallahassee, FL	32314	The Centre of Ta 2415 N. Monroe	Street, Suite 810
		Tallahassee, FL	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Compan	y were filed on MARCH 10,	2020 and assigned
Florida document number <u> </u>	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
ADEQUATE HOME WAT	CH, LLC	
The new name must be distinguishable and contain the words "Limited Liah	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	220 ERIE DRIVI	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	WARLES FL 3411	0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	220 FRIE DRIV	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	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.

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
			□Add
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			□Remove
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7.66A	ive date, if other than the date of filing:(optional)
	fective 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
f an ef Note:	
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