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(Re	equestor's Name)	
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(Cil	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Livision of Corporations

SUBJECT:	0 n	Point	Home	Watch	s.	1 u+: 0	ا ده	Lc
		N	ame of Limite	d Liability Compa	any			
The enclosed Artic	les of Amen	dment and fee	(s) are subm	itted for filing.				
Please return all co	rrespondenc	e concerning t	his matter to	the following:				
			Loi	s Freu Name of Pers	in d			
	_		,	Name of Pers	son			
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			1- 4-	ton F City/State and Zip	Code			
		on goir	+ hom	e watch	5010	ut:ons	89"	rail.com
		E-mai	l address: (to	be used for future	annual	report notif	ication)	. -
For further informa	tion concern	ing this matte	г, please call	:				
Lois F				at (Ч 1 9 Area Coo	<u> </u>	565-	3241	
, \	lame of Perso	n		Area Coo	de	Daytime	Telephone	: Number
Enclosed is a check	for the follo	owing amount						
\$25.00 Filing I	fee 🔲 S	\$30.00 Filing Certificate of		S55.00 Filin Certified Co (additional cop	ору		(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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TU ARTICLES OF ORGANIZATION

Home Watch Solutions LLC

(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Cor	pany were filed on 5-14-2020 and assigned
lorida document number L 20000130899	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limite	I liability company here:
he new name must be distinguishable and contain the words "Limite	Liability Company," the designation "LLC" or the abbreviation "LLC,"
nter new principal offices address, if applicable:	1022 Russell Dr.
Principal office address MUST BE A STREET ADDRE	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	Apt. 324 Boca Raton FL 33431
ent and/or the new registered office address here:	ffice address on our records, enter the name of the new regis
New Registered Office Address:	1500 N. Federal Hwy. Apt. 324
New negistered Office Address:	Enter Florida street address
B	ca Raton , Florida 33497 City Zip Codes
	City To Code

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

	•	

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kim Washko	1022 Russell Dr.	□Add
		Highland Beach FL	るるちゃ XiRemove
			□Change
			🗀 Add
			Remove
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			□Change

ective date, if other than the date of filing: (optional) 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 E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as unent's effective date on the Department of State's records. Cord 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 filed. Cord 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 filed. Signature of a member or authorized representative of a member	
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