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Special Instructions to I	Filing Officer:	

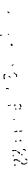
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COVER LETTER

Registration Section Division of Corporations

TO:

Care For Y	Your Condo, LLC		
30b3EC1	Name of Limit	ed Liability Company	
T)	6	in the Cline	
The enclosed Articles o	f Amendment and fee(s) are subn	nitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	C. LeDon Anchors, Esq.		
		Name of Person	
	Anchors Smith Grimsley, P	LC	
	· · · ·	Firm/Company	
	909 Mar Walt Drive, Suite	1014	
		Address	
	Fort Walton Beach, FL 325	47	
		City/State and Zip Code	<u></u>
	shall@asglegal.com		
	E-mail address: (to	be used for future annual report noti	fication)
For further information	concerning this matter, please cal	n:	
C. LeDon Anchors, Esq	ŀ	850 863-4064 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Care For Your Condo, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L20000302894	ere filed on September 25, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabilit</u>	v company here:	
Watchtower Property Management and Real Estate, LLC		
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)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ade agent and/or the new registered office address here:	dress on our records, enter the na	me of the new registe
		٠.
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address	
	izaci Pazina sirvei adaress	22
	, Florida	Zip Code
	vii)	ings cour

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
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
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(If an effective Note: If the	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da the date inserted in this block does not meet the applicable statutory filing requireme 's effective date on the Department of State's records.	_ (optional) ays after filing.) Pursuant to 605.0207 ints, this date will not be listed as
ord is filed.		er of: (b) The 90th day after the
Dated	August 11th, 2021.	

Filing Fee: \$25.00