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COVER LETTER

CHAILCA	Harbor Hor	ne Watch			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		Jill A. Bohatch			
		<u> </u>	Name of Person		
		Harbor Home Watch			
			Firm/Company		
		11260 Jacana Court Unit 2	009		
			Address		
		Fort Myers, Florida 33908			
			City/State and Zip Code		
		georgebohatch@gmail.com			
		E-mail address: (to be used for future annual repo	rt notification)	
For further in	nformation c	oncerning this matter, please co	all:		
Jill A. Bohat	ch		239 910-07 at ()	39	^
	Name o	f Person	Area Code E	Daytime Telephone Number	2021 A06
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certified	ing Fee, $=$ e of Status & $=$

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harbor Home Watch			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L21000273278	were filed on <u>06/11/2021</u>	and as:	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "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 a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nar	ne of the ne	w regis
New Registered Office Address:		in in the second	<u> </u>
The Tregistered Stiffee Teagles.	Enter Florida street address	- 1	<u>ග</u> ය
	. Florida	: Zip Code	Õ
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		• •	<u>i 3</u>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	perjormance of my auties, and i am	jamuiar wi , if this doci	un ana ument

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	George Bohatch	11260 Jacana Court Unit 2009 Ft. Myers, Fl. 33908	= Add
			□Remove
			□Change
MGR	Jill A. Bohatch	11260 Jacana Court Unit 2009 Ft. Myers, Fl. 33908	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remôte
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			□Change

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Filing Fee: \$25.00