(Requestor's Name)	
(Address)	900403
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	03/23/2301
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration S Division of Co	
SUBJECT: HU	TChinson ISIAND Property Usa TCH LL
. The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	AnThony JeTMore  Name of Person
	HUTChinson island Property watch LLC
	1980 Oldi Bridge Drive
	Vero Beach FL 32966 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
AnTAON V	TETMORE at (860) 883 34 29 iri Por Person Daytime Telephone Number
Enclosed is a check for t	he following amount:
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy  (additional copy is enclosed)  □ \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HUTCHIASON IS AND  (Name of the Limited Liability Compa (A Florida Limited)	Property Watch LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2/000354/39}{}$	were filed on $\frac{08/05/30  \text{d}}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
FLPPI LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1980 Olde Bridge DR	
Principal office address MUST BE A STREET ADDRESS)	Vero Beach FL 32966	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1980 Olde Bridge DR Vero Beach FL	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	address on our records, enter the name of the new register	<u>ed</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	

#### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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Effective date, if other to the state of the	e date must be specific and in this block does not it	I cannot be prior to oneet the applicable	late of filing or more the e statutory filing requ	<b>(optional)</b> an 90 days after filing.) P airements, this date wi	ursuant to 605.0207 ill not be listed as
ne record specifies a The 90th day after	the record is filed.			at 12:01 a.m. or	the earlier of
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Dated 1 Marc	1 21	Lain -	d representative of a n		