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SEGRETARY OF STATE

Y. SCOTT FEB - 5 2022

COVER LETTER

TO: Registration of	n Section Corporations			
Emera	ld Home Management, LLC	·		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.		
Please return all com	respondence concerning this matter	to the following:		
	Jeffrey M. Jacobs			
		Name of Person		
	JJCPA, LLC			~ `
		Firm/Company		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	1817 Atlantic Blvd.		RETA	
		Address	AS.	
	Jacksonville, FL 32207		OF S	PH 2: 07
	jjacobs@jjcpaadvisors.con	City/State and Zip Code	FAKE	: 07
	E-mail address:	(to be used for future annual report notifi	ication)	
For further informat	ion concerning this matter, please of	call:		
Jeffrey M. Jacobs		904 395-2110 at ()		
Na Na	une of Person		Telephone Number	_
Enclosed is a check	for the following amount:			
■ \$25.00 Filing Fe	ce \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing: Certificate of Certified Cop (additional copy	Status &
Division P.O. Box	ion Section of Corporations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Emerald Home Management, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/06/2022}{1}$ ____ and assigned Florida document number 1.22000015658 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Emerald Home Watch, 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: n/a Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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>	<u>Address</u>	Type of Action
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			Change
			□Add
			Remove
			SECRETARY
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fective date, if other than the date	of filing		(optional)	
in effective date is listed, the date must be sp	pecific and cannot be prior to	date of filing or more tha	in 90 days after filing.) I	hirsuant to 605.020
ote: If the date inserted in this block document's effective date on the Departr	oes not meet the applicab ment of State's records.	ole statutory filing requ	nrements, this date w	ill not be fisted a
ecord specifies a delayed effective date	e, but not an effective tim	e, at 12:01 a.m. on the	earlier of: (b) The	90th day after th
is filed.				
January 18	2022	/		
ited		- / /		
		Lu		
Signa	ature of a member or authori	zed representative of a n	nember	- ,·, ·

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