422000106763

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	me)		
(Document Number)				
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COVER LETTER

TO: Registration So Division of Con	porations				
CALLED AND COME	PLES PROPERTY MANAGI	EMENT LLC			
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Anthony Morales				
		Name of Person			
	MyUSACorporation.com				
	Firm/Company				
	1 Radisson Plaza, Suite	800			
		Address			
	New Rochelle, NY 1080	1			
	*	City/State and Zip Code			
	info@myusacorporatioin.	com			
	E-mail address: (to be used for future annual report no	otification)		
For further information of	concerning this matter, please c	all:			
Anthony Morales		877 330-2677			
Name (of Person	Area Code Dayti	ime Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
Mailing Addre Registration		Street Address: Registration S	iection		
Division of Corporations			Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2022 MAY 10 AM 8: 55

	RTY MANAGEMENT LLC Inv as it now appears on our records.) AHASS		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on and assigned		
Florida document number L22000106763			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
CASA NAPLES HOME WATCH LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC."		
Enter new principal offices address, if applicable:	11250 TAMIAMI TRAIL E, UNIT 326		
Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34113		
Enter new mailing address, if applicable:	371 SIXTEEN MILE DR		
Mailing address MAY BE A POST OFFICE BOX)	OAKVILLE, ON L6M0Z-3 CA		
B. If amending the registered agent and/or registered office and and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
Name of New Registered Agent:	Enter Florida street address		
Name of New Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
AMBR	CARRIE CERONE	371 SIXTEEN MILE DR	□Add
		OAKVILLE, ON L6M0Z-3 CA	■ Remove
			□Add
			□Remove
			□Change
			□Add
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			□Remove
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			□Change
			□Add
			□Remove
			□/ hopen

Typed or printed name of signee