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S. ROBERTS

COVER LETTER

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TO:

го:	Registration Se Division of Cor			
SUBJE	CT.	ALOH	A AV HOME WATC	H LLC
10 101.		Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
Swyft Filings				
			Firm/Company	
			3 Greenway Plaza #13	20
		·	Address	
			Houston, TX 77046	
			City/State and Zip Code	gmail.com report notification) 777-0450 Daytime Telephone Number Certificate of Status & Certified Copy (additional copy is enclosed)
			lohaavhomewatch@	•
		E-mail address: (to be used for future annual r	eport notification)
For furt	ther information e	oncerning this matter, please ea	all:	
Sonia Becerra		at (877)	777-0450	
	Name o	î Person	Area Code	Daytime Telephone Number
Enclose	ed is a check for th	ne following amount:		
™ \$25	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed.	Certificate of Status & Certified Copy
	Mailing Addres Registration S		Street Ad Rogistra	
	Division of C		-	
	P.O. Box 632			
	Tallahassee,	FL 32314	2410 N.	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALOHA AV HOME WATCH LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny ny it now appears on our i Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on05/2	3/2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	491 Tullamore Lr	12
(Principal office address MUST BE A STREET ADDRESS)	Naples Fl. 34110)
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	491 Tullamore Lr), ————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)	Naples Fl. 34110	
		2
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:	ddress on our records, <u>e</u>	enter the name of the new regi
New Registered Office Address:		
-	Enter Florida street a	nddrexs
		_, Florida
	City	Zlp Code

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.

X 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>	Name	<u>Address</u>	Type of Action
AMBR	JAMES BROWN	11457 BAY GARDENS LOOP	[:]Add
		RIVERVIEW, FL 33569	
			□Change
AMBR	JAMES BROWN	491 Tullamore Ln.	X Add
		Naples Fl. 34110	Remove
			ElChange
			
			TRemove
			□Change
			(DAdd
		·	IIRemove
			□Change
			□Add
			CIRemove
			□Change
		 	E1Add
			□Remove
			Change

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-		
-		
		
fan effectiv <u>Note:</u> If tl	date, if other than the date of filing:	
record sp d is filed.	ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	day after the
ated	4-4-2033.	
v		
X	Signature of a member or authorized representative of a member	
	JAMES BROWN Typed or printed name of signee	

Filing Fee: \$25.00