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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	THE WA	TCHGUARD LLC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	•	
riease return an correspo	endence concerning this matter	to the following:	
	EDWIN M. FERNANDEZ	∠JR.	
	****	Name of Person	
	THE WATCHGUARD LL	.c	
		Firm/Company	
	357 LAKE AMBERLEIG	H DR.	
		Address	
	WINTER GARDEN, FL 3	4787	
	EMFHOMES@OUTLOOK	City/State and Zip Code	
	_	to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
EDWIN FERNANDEZ		407 928-5966 at ( )	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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 Address		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

FILED

2022 JUL 12 PM 4: 52

THE WATCHGUARD LI		SECRETAIN	DESTATE
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appears on our lability Company)	r records.) APASS	SEE, FI
The Articles of Organization for this Limited Liability Company viriliand document number	were filed on JUNE 6,	2022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	on "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<del></del>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			<del></del> .
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records	, <u>enter the name o</u>	f the new registere
Name of New Registered Agent:	<del></del>		
New Registered Office Address:	Enter Florida stree	or and downer	
	Enter riorida stree	n adaress	
<del></del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cuiv		up coue

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
MGR	JOSSETTE WATSON-FERNAND	357 LAKE AMBERLEIGH DR.	□Add
		WINTER GARDEN, FL 34787	=Remove
			□Change
	<del></del>		□Add
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Effective da	te, if other than the date late is listed, the date must be s	e of filing:		(optional)	
If an effective of Note: If the	late is listed, the date must be s date inserted in this block of	specific and cannot be prior	to date of filing or more table statutory filing re	han 90 days after filing.) Purs	uant to 605.0207 (3 not be listed as th
	effective date on the Depart			<b>4</b>	
e record spec ord is filed.	ifies a delayed effective dat	te, but not an effective ti	me, at 12:01 a.m. on t	he earlier of: (b) The 90t	h day after the
	JULY 2	2022			
Dated					
Dated	Francia L.	Duale ature of a member or auth	$\sim$		

Typed or printed name of signce