

# L22000282601

Florida Department of State  
Division of Corporations  
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Fax Number : (850)617-6383

From: Account Name : INCFILE.COM LLC  
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Phone : (888)462-3453  
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2024 MAR 11 AM 10:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OCTOPUS HOMEWATCH LLC

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### COVER LETTER

TO: Registration Section  
Division of Corporations

((1124000088828 3))

SUBJECT: OCTOPUS HOMEWATCH LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON  
Name of Person  
Firm/Company  
17350 STATE HWY 249 STE 220  
Address  
HOUSTON, TX 77064  
City/State and Zip Code  
cfile1234@incfile.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at (1) (888) 462-3453  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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:**  
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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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OCTOPUS HOMEWATCH 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 06/22/2022 and assigned Florida document number 1.22000282601

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

2624 Executive Dr, Unit 6217

(Principal office address MUST BE A STREET ADDRESS)

Venice, FL 34292

Enter new mailing address, if applicable:

2624 Executive Dr, Unit 6217

(Mailing address MAY BE A POST OFFICE BOX)

Venice, FL 34292

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:

Name of New Registered Agent:

New Registered Office Address:

2624 Executive Dr, Unit 6217

Enter Florida street address

Venice, Florida 34292

City

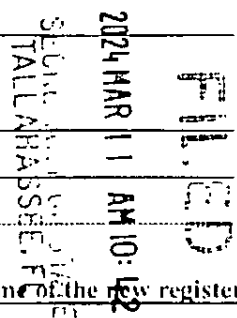
Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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

((H24000088828 3))

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Caitlin Barnett	2624 Executive Dr. Unit 6217	<input type="checkbox"/> Add
		Venice, FL 34292	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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