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2024 NOV 25 AM 8: 17

COVER LETTER

TO:

TO: Registration of Division of the Control of the	on Section f Corporations				
Provid	nce Property Group LLC				
SUBJECT:Name of Limited Liability Company					
The enclosed Article	es of Amendment and fee(s) are su	ibmitted for filing.			
Please return all cor	respondence concerning this matte	er to the following:			
	Nicole M King				
		Name of Person			
	Province Property Group	LLC			
		Firm/Company			
	6142 Whiskey Creek Dr	603			
		Address			
	Fort Myers FL 33919				
		City/State and Zip Code			
	nicole@provinceproperty				
	E-mail address:	(to be used for future annual report notifi-	cation)		
For further informat	ion concerning this matter, please	call:			
Nicole M King		239 722-9276 at ()			
Na	ame of Person	Area Code Daytime	Telephone Number		
Enclosed is a check	for the following amount:				
知 \$25.00 Filing F	ee \$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)		
<u>Mailing A</u> Registrat	ddress: ion Section	Street Address: Registration Sect	tion		
Division of Corporations		Division of Corp			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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

Province Property Group LLC			2024 NOV 25	AM 8: 17
(Name of the Limi	ted Liability Compa	ny as it now appears on a	our records,)	
	(A r (wida i, mileti)	ла <i>т</i> пу сопрану)	TALLAHASSE	E. FLORIDA
he Articles of Organization for this Limited L	iability Company	were filed on)22	and assigned
orida document number 1.22000327643				
his amendment is submitted to amend the foll	owing:			
. If amending name, enter the new name o	f the limited liab	ility company here:		
ling's Coastal Home Watch LLC				
ne new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	ation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		6142 Whiskey Creek	c Dr 603	
		Fort Myers FL 3391	9	
THE HALL OF ICE MADE SAID STEEL TO STEEL	717 <u>1001(1.55)</u>			
nter new mailing address, if applicable: **Adding address MAY BE A POST OFFICE BOX** **Table 1.1.** **Table 2.1.** **Table		6142 Whiskey Creek	CDr 603	
		Fort Myers FL 3391	9	
lauing daaress MAT BE A 1 051 01 FICE	<u> 10.07</u>			-
. If amending the registered agent and/or i	registered office :	address on our recor	ds, enter the nam	ne of the new regist
ent and/or the new registered office addre	**			
Name of New Registered Agent:	Nicole M King			
	6142 Whiskey	Creek Dr 603		
New Registered Office Address:		Enter Florida st	treet address	
	Fort Myers		Florida 33	39 <u>19</u>
		City	I ioi iua	3919 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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, 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
			□ Add
			□Remove
			□Change
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			□ Remove
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ation, enter change(s) here: (A)	tach additional sheets, if nece	essary.)
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ist be specific and cannot be prior to date block does not meet the applicable s	of filing or more than 90 days after	filing.) Pursuant to 605,0207 (3)(8
ve date, but not an effective time, at	(12:01 a.m. on the earlier of: (b) The 90th day after the
2024		
Signature of a member or authorized	ng representative of a member	
	J	
Typed or printed nan	ne of signee	
	redate of filing: ust be specific and cannot be prior to date block does not meet the applicable so Department of State's records. ive date, but not an effective time, at 2024 Signature of a member or authorized	There is the applicable statutory filing requirements, this Department of State's records.