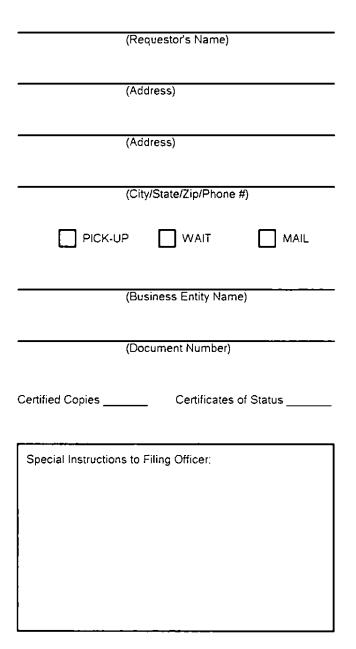
## L23 0000 39533



Office Use Only



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## **COVER LETTER**

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Registration Section

TO.

Division of Corporations .						
GO ПОМЕ	WATCH LLC					
SUBJECT:	Name of Lim	ited Liability Company	<del></del>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Lisa Nelson					
		Name of Person				
	Go Home Watch LLC					
		Firm/Company				
	2779 Woodgate Lane, #37					
		Address				
	Sarasota, FL 34231					
		City/State and Zip Code				
	loveisallthatmatters.nelson(		<u> </u>			
		to be used for future annual report no	lification)			
For further information c	oncerning this matter, please c	all:				
Lisa Nelson		941 592-7479				
Name of Person		at ()	ne Telephone Number			
Enclosed is a check for the	nc 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 Addres		Street Address:	ection			
Division of C		<del>-</del>	Registration Section Division of Corporations			
P.O. Box 632	.7	The Centre of	The Centre of Tallahassee			
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GO HOME WATCH LLC		
( <u>Name of the Limited L</u> (A F	ability Company as it now appears on our recordorda Limited Liability Company)	<u>ds.</u> )
he Articles of Organization for this Limited Liabil	ity Company were filed on January 23, 2023	and assigned
orida document number L23000039533		
nis amendment is submitted to amend the following	g:	
. If amending name, enter the new name of the	limited liability company here:	
nsight Home Watch LLC		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLG	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable	: <u>N/A</u>	
Principal office address MUST BE A STREET A	DDRESS)	20
		<u>जिल</u> स्त
nter new mailing address, if applicable:	N/A	٠ ٿ
Mailing address MAY BE A POST OFFICE BO	<u> </u>	P :
		<del></del>
3. If amending the registered agent and/or regis gent and/or the new registered office address he		r the name of the new regis
Name of New Registered Agent:	/A	
New Registered Office Address:	/A	
	Enter Florida street addre	728
_	, F)	lorida
	Cite	Zin 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 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
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			□Remove
			□Change
			□Add
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fecti	ve date, if other to	than the date o	of filing:		cer'	(option	onal)	(05.00)
ote:	If the date inserted	in this block do	es not meet the	e prior to date o applicable sta	r ming or more tutory filing r	than 90 days after equirements, this	s date will not be	listed a
ocume	nt's effective date	on the Departm	ient of State's re	cords.				
record Lis file	specifies a delayed	d effective date,	but not an effect	ctive time, at 1	2:01 a.m. on	the earlier of: (b	) The 90th day	after the
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		Signati	ure of a member of	or authorized re	presentative of	a member	···	-

Filing Fee: \$25.00