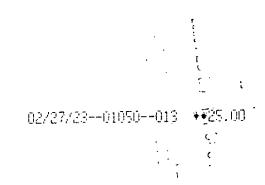
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800402184738



COVER LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: Premiere propa	H Management and Home Name of Limited Liability Company	e watch LCC
The enclosed Articles of Amendment and	fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Ak	Name of Person	
	Property Management	+ House Watch LLC
510	(ORD 466 Sulte 201	
- PPA	City/State and Zip Code Villages & Value com mail address: (to be used for future annual report n	notification)
For further information concerning this ma		
Akxandar Scopino	at (<u>914</u>) <u>72</u> Area Code Day	20-1630
Name of Person	Area Code Day	time Telephone Number
Enclosed is a check for the following amou	ınt:	
\$25.00 Filing Fee \$30.00 Filing Certificate	-	□ \$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 S Division of C The Centre of 2415 N. Mon	Section Corporations
•	Tallahassee, 1	-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

remiere pro perty	Nungement an	of House l	Wester LC	·	
(Name of the Limite	d Liability Company as A Florida Limited Liabilit	it now appears on y Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>L2360005</u>		filed on	27/2023	and ass	igned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability c	company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability Co	mpany," the design	ation "LLC" or the abbr	reviation "L.	1,.C."
Enter new principal offices address, if applica	ble:	<u> </u>			
(Principal office address MUST BE A STREET	ADDRESS)			ر : ر	
				i i	
				τ,	:
Enter new mailing address, if applicable:			•		
(Mailing address MAY BE A POST OFFICE B	<u></u>		1.0		·
			, r-	ر <i>ب</i>	
				i	
B. If amending the registered agent and/or re agent and/or the new registered office address		ess on our recor	ds, <u>enter the name</u>	of the nev	v registere
Name of New Registered Agent:	Kimberty	Scopino			-
New Registered Office Address:					
		Enter Florida si	treet address		
			, Florida		
	C	lity —		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

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>	<u>Address</u>	Type of Action
MGR	Limbert Scopino	510 (OLD) 466 suite 201	Add
		lady lake F1 32159	□Remove
			□Change
MGR	Alexander Sopins	510 (OPD 466 Suite 201 kdy 6ke Fl. 32159	XAdd
		Kdy 6 kg Fl 32159	□Remove
			□Change
			□Add
			□Remove
			Change Change
			Add
			Remove
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		- 	□Remove
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ective date, if other than the date of filing:	(optio	nal)	
reffective date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing recommendations.	nan 90 days after i	filing.) Purs	
cument's effective date on the Department of State's records.	ian ements, tims	auc viii	TAX DE TIME
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the stilled.	ie earlier of: (b)	The 90t	h day after
010.10			
for 1 ()			
'6/ '.			
Signature of a member or authorized representative of a Alexagelor Scopino			