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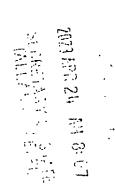
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

	on Section f Corporations	
	Watch by Island Time Services LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed A	es of Amendment and fee(s) are submitted for filing.	
Please return all	respondence concerning this matter to the following:	
	Deborah LaCroix	
	Name of Person	
	Home Watch by Island Time Services LLC	
	Firm/Company	
	2224 Vista Greens Dr	
	Address	
	Sun City Center, FL 33573	775
	City/State and Zip Code	2023 AFR
	islandtimeservices.tampa@gmail.com E-mail address: (to be used for future annual report notification)	± 24
For further infor	ion concerning this matter, please call:	
	· · · · · · · · · · · · · · · · · · ·	24. 99. 99.
Deborah LaCro	at (<u> </u>
	ame of Person Area Code Daytime Telephone Number	·
Enclosed is a ch	for the following amount:	
■ \$25.00 Filin	cee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	atus &
Divisi P.O. E	ion Section Registration Section of Corporations Division of Corporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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orida Limited Liability Company)	records.)
ty Company were filed on 2/8/23	and assigned
g:	
limited liability company here:	
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Limited Liability Company, the designatio	n LLC of the appreviation L.E.C.
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ered office address on our records, <u>re</u> :	enter the name of the new regis
Enter Florida stree	t address
City	, Florida Zip Code
	ability Company as it now appears on our orida Limited Liability Company) ty Company were filed on 2/8/23 g: limited liability company here: Climited Liability Company," the designation DDRESS) ered office address on our records, re: Enter Florida street

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
AR	Deborah L. LaCroix	2224 Vista Greens Dr. Sun City Center, FL 33573	□Add
			□Remove
		Change Title to Authorized Member	Change
AR	Eric W. Mullins	2224 Vista Greens Dr. Sun City Center, FL 33573	□Add
			\begin{align*} \b
			☐Change
AR	Island Time Services, LLC	2224 Vista Greens Dr. Sun City Center, FL 33573	□Change
			Remove
		हैं। इ.स. इ.स.	∰Change
			DAdd
			□Remove
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ctive date, if other than the date of filing:	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	
ed April 21 2023	
ca .	•
W. For U. FO()	\bigcirc
Signature of a member or authorize	