

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u>-</u>
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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FILED

2024 APR 19 pm 5: 07

1/41 April 2011 1145 11/4

COVER LETTER

Tallahassee, FL 32314

TO:	Registration So Division of Cor				
SUBJEC		re Homewatch, LLC			
SOBJEC		Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		Dina Lotz			
			Name of Person		
		Lotz of Care Homewatch,	LLC		
		Firm/Company			
		8440 Nashua Drive			
		Address			
		Palm Beach Gardens, FL	33418		
		City/State and Zip Code LotzofCare@gmail.com E-mail address: (to be used for future annual report notification)			
For furth	er information c	concerning this matter, please c	·		
Dina Lo	tz		561 444-9659 ar ()		
	Name o	f Person		e Telephone Number	
Enclosed	l is a check for th	he following amount:			
≡ \$25.	00 Filing Fee	S30.00 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:	art un	
	Registration S Division of C		Registration Sec Division of Cor		
	P.O. Boy 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lotz of Care Homewatch, LLC	
(Name of the Limited Liability Company as i (A Florida Limited Liabilit	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	
Florida document number L23000545719	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	. 1024
	APP
B. If amending the registered agent and/or registered office addre	ss on our records, enter the name of the new register
agent and/or the new registered office address here:	27 2 0
	<u>े स</u> द्वा
Name of New Registered Agent:	07
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

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>	Name	Address	Type of Action
AMBR	Russell Lotz	8440 Nashua Drive	✓Add
		Palm Beach Gardens, FL 33418	□Remove
			□Change
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ffectiv	re date, if other than the date of filing: (optional)
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
record Lis file	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 d.
ated _	April 14, 2024
-aicu _	
	()ina h Lot
	Signature of a member or authorized representative of a member
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Filing Fee: \$25.00