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06/24/24--01026--009 **25.00



COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
CUD IEC		me Watch and Concierge LLC		
SUBJEC	· I :	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		Vanessa Gray		
		1 4	Name of Person	
		Banyan Home Watch and G	Concierge LLC	
			Firm/Company	
		4665 Saint Croix Lane AP	T 1512	
		·	Address	
		Naples, Florida 34109		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		BanyanHomeWatch@gmai	l.com to be used for future annual report i	notification)
For furthe	er information c	oncerning this matter, please ca	·	
Vanessa	Gray		727 623-7749	
	Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address	
Registration Section Division of Corporations			Registration Division of C	
	P () Box 632			f Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Banyan Home Watch and Concierge LLC		
(Name of the Limited Liab) (A Flori	ility Company as it now appears on our records. da Limited Liability Company))
The Articles of Organization for this Limited Liability	Company were filed on 5/20/2024	and assigned
Florida document number L24000233673		. ~
This amendment is submitted to amend the following:		2024 JUN 24 SECRETAIN TALLASIASS
A. If amending name, enter the new name of the lin	mited liability company bere:	22
		900 -0 111
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation L.C.
		22 23 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	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 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
AMBR	Santo Nicita IV	7901 4TH ST N STE 300	■ Add
		ST.PETERSBURG,FL 33702	□Remove
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Effective date, if other than to an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and canno block does not meet the	ie applicable statuti	ling or more than 90 day	(optional) s after filing.) Pursuant to 60 ss, this date will not be lis	05.0207 (sted as t
e record specifies a delayed effected is filed.	tive date, but not an eff	fective time, at 12:0	I a.m. on the earlier	of: (b) The 90th day aff	ter the
Dated June 18th	202	24			
p./		=			

Typed or printed name of signce