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SECRETARY OF STATE
ALLAHASSEE FISHE

B. BOSTICK
'JAN 1 4 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	CROCKER - WATSON Name of Limit	LLC	
	Name of Limit	led Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	CHARLES E.	WATSON	
		Name of Person	
		Firm/Company	
	9400 WEST	- LAKE RUBY DRIVE	
		FL 33884 City/State and Zip Code	TAL S
		•	TORE C
For further information of	E-mail address: (to concerning this matter, please co	o be used for future annual report notifical all:	JAN 13 PH 3:  AHAPSLE, FLORA
CHARLES E	. Watson	at ( <b>863</b> ) Area Code & Daytime T	H 3: FLORAL
Name o	of Person	Area Code & Daytime T	elephone Murhber 6
Enclosed is a check for t	he 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 ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ` ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CROCKER - WATS	SON, LLC	our records	
(A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for tris Limited Liability	Company were filed on	/25/2006 and assigned	
Florida document number LOLDEDO 4394	<del></del>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li			
The new name must be distinguishable and end with the v	GROWS LLC		
The new name must be distinguishable and end with the v "L.L.C."	words "Limitरी Liability Company," t	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
		ALL SE	
Enter new mailing address, if applicable:		(S)	
(Mailing address MAY BE A POST OFFICE BOX)			
		FISTA 3:	
B. If amending the registered agent and/or reg registered agent and/or the new registered office a		records, enter the pame of the	
Name of New Registered Agent:			
New Registered Office Address:			
<u> </u>	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 copacity. 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 Chaper 608, 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, Signare of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

M**&**R = Manager

MGRM = Managing Member <u>Title</u> Name Type of Action **Address** 9400 WEST LAKE RUBY DRIVE WINTER HAVEN, FL 33884 PAMELA L. WATSON MGR **⊠**.Add Remove ☐ Add ☐ Remove ☐ Add Remove Remove ∐Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) JANUARY 10, Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00