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PICK-UP WA	IT MAIL
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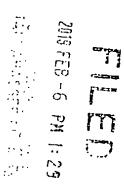
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COVER LETTER

Division of	Corporation.				
	Change of Watts Team Realty, I	LLC			
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Article	s of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	espondence concerning this matter (to the following:			
	Dawn W. Watts				
		Name of Person			
	Watts Team Realty, LLC				
		Firm/Company			
	10418 Pleasant Spring Way	y			
	Riverview/FL 33576	Address			
	iwatts1956@msn.com	City/State and Zip Code			
	E-mail address: (t	to be used for future annual report notifies	ation)		
For further informati	on concerning this matter, please ca	ull:		2018	energy w
Dawn W. Watts		210 452-7550		FEB -	B. mas masseri
	or the following amount:	Area Code Daytime T	elephone Number	6 PM 1: 2	7 4.00
□ \$25.00 Filing Fe	•	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (ing Fee.	

MAILING ADDRESS:

TO:

Registration Section

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

Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on		and a	ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The Watts Team. LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "	LLC" or the	abbreviation "	L.L.C."
Enter new principal offices address, if applicable:	10418 Pleasant Spring V	Vay		
(Principal office address MUST BE A STREET ADDRESS)	Riverview, FL 33578	<u> </u>		
Enter new mailing address, if applicable:	10418 Pleasant Spring V	Vay		
(Mailing address MAY BE A POST OFFICE BOX)	Signature El 22579			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		ords, <u>ente</u>	20 20 20 20 20 20 20 20 20 20 20 20 20 2))))
New Registered Office Address:			<u> </u>	
	Enter Florida street ad	dress Florida _		gartare.
N. D. C. J. A. W. A. W. L. D. C. D.	City	-	Zip Co <u>d</u>	
New Registered Agent's Signature, if changing Registered Agent:			9 # 9) }

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 anci 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 récords:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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	tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be prior to date of	(optional)	
	If the date inserted in this block does not meet the applicable sta		
docui	nent's effective date on the Department of State's records.		
	cord specifies a delayed effective date, but not an e	ffective time, at 12:01 a.m. on the	earlie
(D) In	e 90th day after the record is filed.		
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Dated	Már 1 2679		
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Page 3 of 3

Filing Fee: \$25.00