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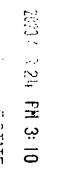
(Re	questor's Name)	
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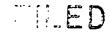
TO:

Registration Section

Divi	ision of Cor	porations		
/11 IS 11 / YE		stumer Management LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing	
			_	
Please return	all correspo	indence concerning this matter	to the following:	
		Sofia Vasquez		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite .	301	
			Address	
		Tallahassee, FL 32301		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
			to be used for future annual report n	ottlication)
For further in	itormation c	oncerning this matter, please c	all:	
c/o ZenBusi	iness INC		844 493-6249 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	îling 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)
	iling Addres gistration S		Street Address: Registration S	
		Corporations	Division of C	
). Box 632		The Centre of	
1.01	lahassee, F	r レ 32314	2413 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2623 / 13 24 PM 3: 10

Watson Costumer Management LLC

(Name of the Limited Liability Company as it now appears on our records.) 1.2 - 0.1 UF STATE
(A Florida Limited Liability Company) 1.5 - 0.1 UF STATE

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The Articles of Organization for this Limited Liability C		and assigned '
Florida document number 1.23000081534	<u>_</u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Watson Customer Management LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	·····
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered	l office address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.	· -	
New Registered Office Address:	Enter Florida street ad	Lie ov
	rmer ruorida sireet da	(H VSN
	 City	, Florida Zip Code
	z úż	inp Cour

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
			🗆 Add
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
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$\operatorname{ted} \frac{04717}{2} \cdot \frac{2023}{2} \cdot \dots \cdot \frac{1}{2} \cdot \frac{1}{2$			
/s/ Nya Segura-Watson			
Signature of a member or authorized representative of a member			_

Filing Fee: \$25.00