# L07000124981

•		
(Re	equestor's Name)	
(Ad	ldress)	
	,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		·
PICK-UP	☐ WAIT	MAIL
		<b>—</b> ·····
(Bu	isiness Entity Nar	ne)
(Dc	cument Number)	
. (50	oument Humber)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only



800139464568

01/07/09--01013--017 \*\*30.00

09 JAN -7 AHII:42

SECRETARY OF STATE
IVISION OF CORPORATIONS

T. HAMPTON

JAN - 8 2009

**EXAMINER** 

# **COVER LETTER**

10:	Registration Second			
SUBJE	.cr: Jimmy [	D. Watts, LLC		<b></b>
50,502		(Name of Lim	ited Liability Company)	_
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspon	ndence concerning this matter	to the following:	
		limmus D. Matatta		
		Jimmy D. Watts	(Name of Person)	
		<del></del>	(Firm/Company)	
		17423 Magnolia View Dri	ive	
		Clermont, FL 34711		
			(City/State and Zip Code)	
For fur	ther information c	oncerning this matter, please c	all:	
Jimmy	Watts		at ( 407 ) 963-8502	
	(Name o	of Person)	(Area Code & Daytime T	elephone Number)
Enclose	ed is a check for th	ne following amount:		
<b>□ \$</b> 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

Jimmy D. Watts, LLC				
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appear Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	12/18/2007	and ass	igned
Florida document numberL07000124981				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lial</u>	bility company her	<u>'e</u> :		
Natts Realty Professionals, LLC				
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Compa	nny," the designation "	LLC" or the a	bbreviation
Enter new principal offices address, if applicable:			09	<u> </u>
Principal office address MUST BE A STREET ADDRESS)			¥	SIONE
				무조도
			2	
Enter new mailing address, if applicable:	**************************************			PP STA
Mailing address MAY BE A POST OFFICE BOX)	<del></del>			<u> </u>
				<del>ਨ</del>
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address here.		our records, <u>enter</u>	the name o	f the nev
Name of New Registered Agent:	,			
New Registered Office Address:				
	(E)	nter Florida street ad	dress)	
		, Florida		<del></del>
	(City)		(Zip Cod	'e)

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 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, Signature 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:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			_
			— Remove
<del> </del>			Add Remove
	The state of the s		Add Remove
			Add
			Remove
			Add Remove
		-	_
			Add Remove
D. If amen	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	DIVISION OF THE PROPERTY OF TH
			SECRETARY IVISION OF C 109 JAN - 7
			ORFO ORFO
_			RATIONS II: 42
			_
Dated	January 3 , 2009	·	
	Signature of a member	r or authorized representative of a member	
	\ \ \ \	nmy D. Watts	

Page 2 of 2

Filing Fee: \$25.00