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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Cor			
AJENE WA	ATSON, 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	ondence concerning this matter	to the following:	
	Ajene Watson		
		Name of Person	
	AJENE WATSON, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	3265 Johnson Avenue		
		Address	
	Riverdale, NY 10463		
		City/State and Zip Code	
	Ajene@ajenewatsonllc.com		<u></u>
	E-mail address: (to be used for future annual report notifical	tion)
For further information e	oncerning this matter, please ca	all:	
Ajene Watson		at (646) 883 Area Code Daytime Te	-0192
Name o	f Person	Area Code Daytime Te	elephone Number
Enclosed is a check for the	ne 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on [04/09/2008] The Articles of Organization for this Limited Liability Company were filed on [108/000035991] This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:	nd assi	gned
Florida document number L08000035991 This amendment is submitted to amend the following:	nd assi	gned
A. If amending name, enter the new name of the limited liability company here:		
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviati	on PL 1	<u> </u>
Enter new principal offices address, if applicable: 3265 Johnson Avenue	on 1 ⇔	TAL 38
(Principal office address MUST BE A STREET ADDRESS) Suite #303	MAS	L CRE
Riverdale, NY 10463	2 22	ASS
Enter new mailing address, if applicable: 3265 Johnson Avenue	PH 다	Y OF STA
(Mailing address MAY BE A POST OFFICE BOX) Suite #303	ယ	_87
Riverdale, NY 10463		

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	Monica Chui-Tiru	PO Box 781055	Add
		Orlando, FL 32878	■ Remove
			Change
MGR	James C. Gibbs	PO Box 781055	_ \Add
		Orlando, FI. 32878	■ Remove
			Change
		-	□ Add
			☐ Remove
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this bloom	be specific and cannot be	prior to date of filir	ng or more than 90 da	ys after filing.) Pursu	ant to 605.029
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