

L10000018269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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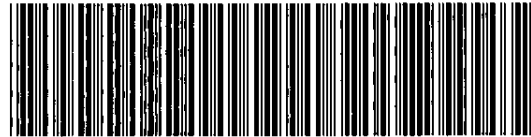
(Business Entity Name)

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11 JUL 22 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 20 2011

WILLIAM J. WALLACE, P.A.

ATTORNEY AT LAW
115 N.W. 11TH AVENUE
OKEECHOBEE, FLORIDA 34972
(863) 467-4671 FAX (863) 763-5360

LEGAL ASSISTANT
KAREN M. HARRIS

July 19, 2011

Florida Dept. Of State
Registration Section – Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314


Re: MONSTER BASS WATCH, LLC
FL Doc. No.: 10000018269

Dear Sir/Madam:

Enclosed please find an original Cover Letter and Articles of Amendment to Articles of Organization of MONSTER BASS WATCH, LLC. In addition, I am enclosing my client's check number 5392 in the amount of \$30.00 made payable to Division of Corporation – FL Dept. Of State representing the filing fee and Certificate of Status. Upon receipt and review and should you find the enclosed in order, would you kindly forward the Certificate of Status directly to Monster Bass Watch, LLC at the new address of 7230 N.W. 80th Court, Okeechobee, Florida 34972.

Should you have any questions, please feel free to contact my office. Thank you for your anticipated cooperation in this matter.

Sincerely,


WILLIAM J. WALLACE ESQ.
Dictated in my presence
Expedited in my absence

WJW/kmh
Enc.

cc: Monster Bass Watch, LLC

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MONSTER BASS WATCH, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BOBBY FULFORD

Name of Person

MONSTER BASS WATCH, LLC

Firm/Company

7230 N.W. 80th Court

Address

Okeechobee, Florida 34972

City/State and Zip Code

bobbyfulford@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOBBY FULFORD

Name of Person

at (863)

634-7026

Area Code & Daytime Telephone Number

Enclosed is a check for the 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**

MONSTER BASS WATCH, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 02/17/2010 and assigned
Florida document number L10000018269.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7230 N.W. 80th Court

Okeechobee, Florida 34972

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7230 N.W. 80th Court

Okeechobee, Florida 34972

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

BOBBY FULFORD

New Registered Office Address:

7230 N.W. 80th Court

Enter Florida street address

Okeechobee

Florida

34972

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 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

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| MGR | BOBBY FULFORD | 7230 N.W. 80th Court Okeechobee, Florida 34972 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | JOHN CARLISLE | P.O. BOX 7841 Indian Lake Estate, Florida 33855 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | WILLIAM CARLISLE | P.O. BOX 7841 Indian Lake Estate, Florida 33855 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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11 JUL 22 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated July 19, 2011



Signature of a member or authorized representative of a member

BOBBY FULFORD

Typed or printed name of signee