## 11000034937

****	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UI	P WAIT MA	AIL
	(Business Entity Name)	
	(Document Number)	<u>.</u>
Certified Copies	Certificates of Status	<del></del>

Special Instructions to Filing Officer:

L. SELLERS

APR 27 2011

**EXAMINER** 

Office Use Only



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04/25/11--01010--009 \*\*25.00

SECRETARY OF STATE

T I I I I

## · COVER LETTER

SUBJECT:	WATKINS SMART IN Name of Limit	NVESTMENTS (USA red Liability Company	() LLC
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	<del> </del>	Name of Person	
		TAX USA INC	
		Firm/Company	
	11350 RANI	DOM HILLS RAOD, SUI	TE 800
		Address	
	F	FAIRFAX VA 22030	
		City/State and Zip Code	
	INFO@	GLOBESAMERICA.CO be used for future annual report no	M
		•	otification)
For further information	concerning this matter, please ca	all:	
	NNY ROZEN	at (_202_)	742-6311
Name	of Person	Area Code & Day	time 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

TO:

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

WATKINS SMART INVE	STMENTS (L	JSA ) LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appendiability Company)	on our records.)	······································
The Articles of Organization for this Limited Liability Company  Florida document number <u>L11000034937</u>	were filed on	03/23/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	¢:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on o	ur records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	. Florida Zip Code		
•	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance ( provided for in Ch	of my duties, and I am apter 608, F.S. Or, if	familiar with and this document is

If Changing Registered Agent, Signature of New Registered Agent
Page 1 of 2

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

Title	Name	Address	Type of Action
MGRM	WATKIN, GLENN R	47 CAVERSHAM TCE LYNBROOK VI 3975 AU	Add Remove
MGRM	Staci Maree Smart	47 CAVERSHAM TCE LYNBROOK VI 3975 AU	Add Remove
			Add Remove
	·		Add Remove
			Add Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amendin	g any other information, enter	change(s) here: (Attuch additional sheets, if necessary.)	<del>-</del>
			<del>-</del>
	April 06	2011	
	•		
	Signature of a m	sember or authorized representative of a member	<del></del>
	•	WATKIN, GLENN R	
		Typed or printed name of stenee	<del></del>

Page 2 of 2

Filing Fee: \$25.00