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SECRETARY OF STATE
ASSCRESS FLORID

J. BRYAN
JUL 1 3 2011

EXAMINER

COVER LETTER

TO: Registration Division of C			>
SUBJECT:	a Watch, LLC	,	
SUBJECT: 72		ed Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	pondence concerning this matter (to the following:	
	F		强气厂
	Anthony	U Varia	
		Name of Person	TILED WILLIAM
		Firm/Company	
	_	<i>i</i> .	
	610 Wran	Address	
	Mani Sprin	105/FL/33166 City/State and Zip Code	
	avarona Co E-mail address: (to	be used for future annual report notification	n)
For further information	concerning this matter, please ca	11:	
Anthony	Varona	at (<u>305) 926 – 92</u> Area Code & Daytime Tel	46
Name	of Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for	the following amount:	,	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

Poo Watch	LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability (Company were filed on <u>4/14</u>	2011 and assigned	
Florida document number <u>L110004488</u>	· ,		
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:		
Poo Watches, LLC			
The new name must be distinguishable and end with the wo 'L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		E 05	
Principal office address MUST BE A STREET ADD	RESS)		
		TAR TO	
		THE STATE OF	
Enter new mailing address, if applicable:		FLS	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or regis	stered office address on our reco	ords, enter the name of the new	
registered agent and/or the new registered office add			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = 1	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Add
	<u></u>		Remove
			☐ Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if	necessary.)
	<u> </u>		<u> </u>
			SEPRETAL AHA
			NRY SSE
Dated	July 06,	2011.	PF STATE
	Signature of a n	nember or authorized representative of a member	Īh.
	Antho		···

Page 2 of 2

Filing Fee: \$25.00