LII 000106181

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Audiess) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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DIVISION OF CORPORATIONS

T. HAMPTON

JAN - 5 2012

EXAMINER

COVER LETTER

TO:

Registration Section

| Division of C | Corporations | | |
|-------------------------|--|--|--|
| SUBJECT: | THE W | ATT TEAM LLC | |
| | | ited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corre | spondence concerning this matte | r to the following: | |
| | | | |
| • | | BRUCE WATT Name of Person | |
| | Т | HE WATT TEAM LLC | • |
| | | | |
| | | | |
| | | Address | |
| | ST | AUGUSTINE, FL 32092 City/State and Zip Code | |
| | | bwatt@agentlink.net (to be used for future annual report notific | |
| For further informatio | E-mail address: (n concerning this matter, please of | | ation) |
| | | | 04.0500 |
| | BRUCE WATT e of Person | at (904) 9 Area Code & Daytime | 194-2533 Telephone Number |
| Enclosed is a check fo | r 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) |
| Regi Divi P.O. | ILING ADDRESS: istration Section sion of Corporations Box 6327 | STREET/COURIE Registration Section Division of Corporat Clifton Building | ions |
| Talla | ahassee, FL 32314 | 2661 Executive Cent | er Circle |

Tallahassee, FL 32301

SECRETARY OF STATE ARTICLES OF AMENDMENTVISION OF CORPORATIONS TO ARTICLES OF ORGANIZATION OF

| THE WATT TEAM LL | C | | |
|--|---|--|--|
| f the Limited Liability Company as it now a (A Florida Limited Liability Comp | opears on our records.) any) | | |
| is Limited Liability Company were filed on | 08/30/2011 and assigned | | |
| | | | |
| nend the following: | | | |
| new name of the limited liability compan | / here: | | |
| BRUCE WATT LCC | -LC. | | |
| e and end with the words "Limited Liability C | ompany," the designation "LLC" or the abbreviation | | |
| ess, if applicable: | | | |
| E A STREET ADDRESS) | | | |
| | | | |
| | | | |
| ******* | | | |
| T OFFICE BOX) | | | |
| | | | |
| agent and/or registered office address egistered office address here: | on our records, enter the name of the new | | |
| Avent: | | | |
| | | | |
| New Registered Office Address: Enter Florida street o | | | |
| | | | |
| City | Florida Zip Code | | |
| | ess, if applicable: E A STREET ADDRESS) plicable: T OFFICE BOX) agent and/or registered office address egistered office address here: Agent: idress: | | |

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:

| | <u>Name</u> | <u>Address</u> | Type of Action |
|-------------|--------------------------------|---|--|
| | | | <u> </u> |
| | | | – – – – – – – – – – – – – – – – – – – |
| | · . | | — S |
| | | | ————————————————————————————————————— |
| | | | |
| amen | ding any other information, en | ter change(s) here: (Attach additional she | ets if nucesserv) |
| | | | PH 2: 54 |
| | | · | |
| I | DECEMBER 12 | . 2011 | |
| | | Dura DIAH | |
| | Single | l a member or authorized representative of a me | amber |

Page 2 of 2

Filing Fee: \$25.00