

L1200032451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

B. KOHR  
DEC 12 2012  
EXAMINER



400241480544

11/26/12--01030--015 \*\*150.00

FILED  
12 NOV 26 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TODD WATSON**  
**ATTORNEY AND COUNSELOR AT LAW, P.L.**

SUITE 721  
12276 SAN JOSE BOULEVARD  
JACKSONVILLE, FLORIDA 32223

TELEPHONE (904) 739-9747  
FACSIMILE (904) 739-9748  
mail@toddwatsonlaw.com

FILED  
12 NOV 26 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 21, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

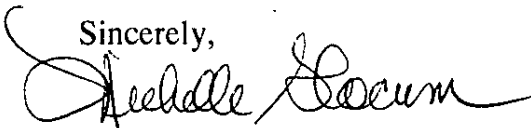
Re: Conversion of Todd Watson, Attorney and Counselor at Law, P.L. to  
Todd Watson, Attorney and Counselor at Law, LLC

Dear Sir/Madam:

Enclosed for filing is the following:

1. Certificate of Conversion;
2. Articles of Organization for Limited Liability Company;  
and
3. Our firm check in the amount of \$150.00

Sincerely,



Michelle Slocum  
Legal Assistant

/kms

Enclosures



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 28, 2012

TODD WATSON, ATTORNEY AND COUNSELOR AT LAW, P.L.  
ATTN: TODD WATSON  
12276 SAN JOSE BLVD., SUITE 721  
JACKSONVILLE, FL 32223

SUBJECT: TODD WATSON, ATTORNEY AND COUNSELOR AT LAW, P.L.  
Ref. Number: L12000032451

FILED  
12 NOV 26 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TODD WATSON, ATTORNEY AND COUNSELOR AT LAW, P.L. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The conversion laws are not used to change a professional LLC into a regular LLC.

To make this change all you need to file the enclosed Amendment form for which the fee is only \$25.00.

On the Amendment form you will list the new name of your company in Item A, and specify that the company is no longer a professional limited liability company in Item D.

Along with your signed and completed Amendment, please send us a request to refund the \$125.00 you have overpaid.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 012A00028276

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Todd Watson, Attorney and Counselor at Law, LLC  
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.139, F.S.

Please return all correspondence concerning this matter to:

Todd Watson

(Contact Person)

Todd Watson, Attorney and Counselor at Law, LLC

(Firm/Company)

12276 San Jose Boulevard, Suite 721

(Address)

Jacksonville, FL 32223

(City, State and Zip Code)

mail@toddwatsonlaw.com

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

For further information concerning this matter, please call:

Todd Watson

at ( 904 ) 739-9747

(Name of Contact Person)

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$150.00 Filing Fees  
(\$25 for Conversion  
& \$125 for Articles  
of Organization)

☐ \$155.00 Filing Fees  
and Certificate of  
Status

☐ \$180.00 Filing Fees  
and Certified Copy

☐ \$185.00 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**FILED**  
12 NOV 26 AM 9:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**TODD WATSON**  
ATTORNEY AND COUNSELOR AT LAW, P.L.

SUITE 721  
12276 SAN JOSE BOULEVARD  
JACKSONVILLE, FLORIDA 32223

TELEPHONE (904) 739-9747  
FACSIMILE (904) 739-9748  
mail@toddwatsonlaw.com

FILED  
12 NOV 26 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 3, 2012

Registration Section  
Division of Corporations  
Attn: Mr. Buck Kohr  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Amendment of Todd Watson, Attorney and Counselor at Law, P.L.  
to Todd Watson, Attorney and Counselor at Law, LLC


Dear Mr. Kohr:

Enclosed is the following:

1. A copy of your correspondence dated November 28, 2012  
(Letter Number: 012A00028276);
2. Cover Letter; and
3. Articles of Amendment.

Please refund Mr. Watson's overpayment of \$125.00, payable to Todd  
Watson, Attorney and Counselor at Law and mail to our office address:

Todd Watson, Attorney and Counselor at Law  
12276 San Jose Boulevard, Suite 721  
Jacksonville, FL 32223

Sincerely,  
  
Michelle Slocum  
Legal Assistant

/kms  
Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Todd Watson, Attorney and Counselor at Law, P.

Name of Limited Liability Company

FILED  
12 NOV 26 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

**Todd Watson**

Name of Person

**Todd Watson, Attorney and Counselor at Law, P.L.**

Firm/Company

**12276 San Jose Boulevard, Suite 721**

Address

**Jacksonville, FL 32223**

City/State and Zip Code

**mail@toddwatsonlaw.com**

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

For further information concerning this matter, please call:

**Todd Watson**

Name of Person

**904 739-9747**

at ( )

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**

Todd Watson, Attorney and Counselor at Law, P.L.

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

**FILED**  
12 NOV 26 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 3/7/2012 and assigned

Florida document number 09000085041

L12000032451

This amendment is submitted to amend the following:

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

Todd Watson, Attorney and Counselor at Law, LLC

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

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

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, 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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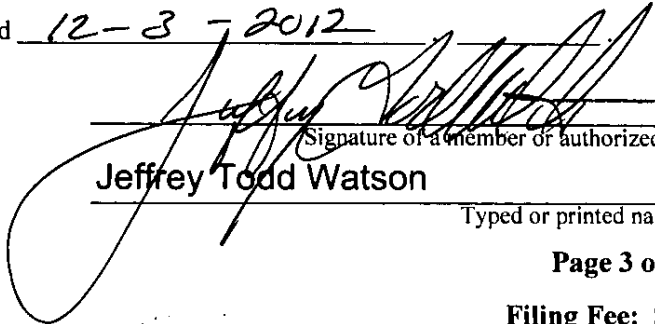
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Dated 12-3-2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Jeffrey Todd Watson  
\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**