12000053216

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AFLANIASSEE FLORIDA

J. BRYAN

JUL 3 0 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations			
SUBJECT:	WATCHES	S FOR LESS LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	condence concerning this matter	r to the following:		
		JOSE PEREZ		
		Name of Person		
	JP GLOBA	NC		
		Firm/Company	•	
	7325 NW 36TH ST		声音 号 一	
		Address	TALLAHAS	
		MIAMI, FL 33166		
		City/State and Zip Code	門里里	
	JOS	E.PEREZ@GMAIL.COM	REPLOSE STATE STAT	
		to be used for future annual report notifica	mon)	
For further information	concerning this matter, please	call:	γ	
J	OSE PEREZ	wt \	36-0093	
Name	of Person	Area Code & Daytime T	Felephone 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/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236	ions ter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	S FOR LESS LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appear limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Conference L12000053216	ompany were filed on	04/19/12	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>e</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			3
(Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2	TO PROPERTY OF THE PROPERTY OF
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street ad	dress
		, Florida	
	City	, Florida	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 **Type of Action** Address Title <u>Name</u> MGR HORTENSIA TORRES 15270 SW 45 TERRACE ✓ Add Remove UNIT F MIAMI, FL 33185 _ Add ☐ Remove ☐ Add Remove Remove ∏Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 07/03/2012 Dated Signature of a member or authorized representative of a member HORTENSIA TORRES Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00