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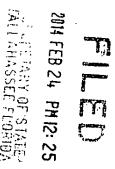
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FEB 25 2014 D. BRUCE

COVER LETTER

TO:		ation Sec of Corp					
			IT DEVELOPMENT G	ROUP LLC.			
SUB	JECT:		Name of Limi	ited Liability Company			
The	enclosed Art	icles of A	mendment and fee(s) are sub-	mitted for filing.			
Pleas	se return all o	correspon	dence concerning this matter	to the following:			
			CHRISTOPHER ZA	GALES			
				Name of Person			
			NEXT EXIT DEVELO	OPMENT GROUP LLC.			
				Firm/Company		-	
			13876 SW 56TH ST	REET, SUITE 445			
				Address			
			MIAMI, FLORIDA 33	3175		2014 F	enq
			CHRISTOPHERZAG	City/State and Zip Code ALES@ME.COM		EB 24	Section 1
			E-mail address: (1	to be used for future annual report notifi	cation)		
For f	urther inform	nation co	ncerning this matter, please ca	all:		PM 12: 21 OF STATE OF FLORID	Elected.
СН	RISTOPH	HER ZA	GALES	786 554-6222		25 10,4	
		Name of	Person	at () Area Code Daytime	Telephone Number	•	
Encl	osed is a che	ck for the	e following amount:				
2 9	\$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

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

NEXT EXIT DEVELOPMENT GROUP LLC.

The Articles of Organization for this Limited Liability Company were filed on

Florida document number

L13000001716

This amendment is submitted to amend the following:

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

WATT PATROL LLC.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

NONE

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:	NONE		
New Registered Office Address:	NONE		
		Enter Florida street address	
		, Florida	l
	Cin		Zin 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARLOS ESSEX	13876 SW 56TH ST. MIAMI, FL 33175	
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If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effecti (The effe	ive date, if other than the date of filing: (optional) ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
	FEBREARY 20 2014
<i>5</i>	
	Signature of a member of authorized representative of a member
	CHRISTOPHER ZAGALES
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 FEB 24 PH 12: 25