

L130000063379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

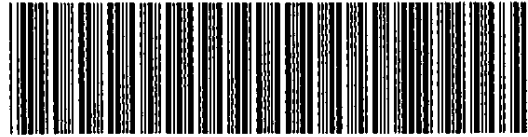
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2013 JUL -5 AM 8:30
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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
JUL -5 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Watson, Crick & Associates, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Andrew Rosenberg
Name of Person

Firm/Company

2224 Heathwood cir
Address

Orlando FL 32828
City/State and Zip Code

bassman909@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Rosenberg at (909) 767-1863
Name of Person 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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Watson Crick & Associates II LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/29/2013 and assigned
Florida document number L13000063379.

This amendment is submitted to amend the following:

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

Watson Crick & Associates, Limited Liability Company

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)

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TALLAHASSEE, FLORIDA

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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 5th 2013

Andrew Rosenberg

Signature of a member or authorized representative of a member

Andrew Rosenberg

Typed or printed name of signer

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Watson, Crick

Phone: 9097671863
Fax: 8663457544

Fax

To: Jealine

From: Andrew Rosenberg

Fax: 8502456030

Pages: 2

Re: Attn: Jealine

Date: July 05, 2013

pls email Bassman909@gmail.com when everything has been completed

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FALL ABERDEEN, FLORIDA