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COVER LETTER

SUBJECT: special watch assets team investigations / training academy	lc —
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:	
James J. Jean Rene	TILED PH 1:31
Name of Person	- W
MGRM	_ 题 呈 口
Firm/Company	58 5
239 BLVD EAST Suite B,	
Address	_
BRADENTON, FL. 34208	
City/State and Zip Code	
jamesjjeanrene@gmail.com	<u></u>
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
James j. Jean Rene 813,3741081	
Name of Person Area Code & Daytime Telephone Nur	mber

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

SPECIAL WATCH ASSETS TEAM INVESTIGATIONS /TRAINING ACADEMY 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 Liabili	ty Company were filed on June 25, 2	013 and assigned
Florida document number L13000090961	·	
This amendment is submitted to amend the following	g:	TILL TO THE PROPERTY OF THE PR
A. If amending name, enter the new name of the	limited liability company here:	
SPECIAL WATCH ASSETS TEAM / TRA	INING ACADEMY LLC.	2 (
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the de-	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	ē, ri
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	_	is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
_		Iorida
	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 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 **Title** Name <u>Address</u> Remove Remove Remove Remove

•	ther information, enter change(s) here: (Attach additional sheets, if	,
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septembe	er 11 2013	
	•	
	James Jean Bene	
	Signature of a member or authorized representative of a member	
	James J. Jean Rene	170
	Typed or printed name of signee	
	Page 3 of 3	7043 SEP
	Filing Fee: \$25.00	5 3
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		F. 36

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