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COVER LETTER

| TO: Registration So Division of Con | | | • |
|--|--|---|---|
| Watch B | Sugs Grow LLC | | |
| SUBJECT: | Name of Limite | ed Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all correspo | ondence concerning this matter to | the following: | |
| | Edith E Smith | | |
| | | Name of Person | |
| | Watch Bugs Grow LL | С | |
| | | Firm/Company | ······································ |
| | 9702 sw 128th Place | | |
| | | Address | · - |
| | Brooker, Florida, 326 | 22 | |
| | | City/State and Zip Code | |
| | stephen@buyabutterfl | = | |
| | • | be used for future annual report notifica | ition) |
| For further information of | concerning this matter, please cali | ! : | |
| Stephen Smith | | 352 2845163 | |
| Name o | of Person | at () | elephone Number |
| Enclosed is a check for the | he 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

Watch Bugs Grow 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 __05-27-2014 and assigned Florida document number L14000088652 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> **Name** <u>Address</u> **Type of Action AMBR** Judi Sunshine Judi Sunshine □ Add 6704 Rollingwood Drive ■ Remove Raleigh, NC 27613 □ Add ☐ Remove ☐ Add _□ Remove ☐ Add ☐ Remove □ Add □ Remove

| ective date, if other than the date of filing: | (optional) |
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| e effective date must be specific, cannot be prior to date of receipt or filed date and cannot be date this document is filed by the Florida Department of State) | |
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Filing Fee: \$25.00

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