

L14 0000 8F652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

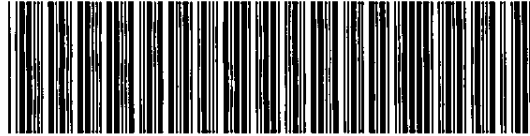
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. Shivers JAN 30 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Watch Bugs Grow 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:

Edith E Smith

Name of Person

Watch Bugs Grow LLC

Firm/Company

9702 sw 128th Place

Address

Brooker, Florida, 32622

City/State and Zip Code

stephen@buyabutterfly.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen Smith

352 2845163

Name of Person

at ()

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

Watch Bugs Grow LLC

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Zip ^{de}
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Judi Sunshine	Judi Sunshine	<input type="checkbox"/> Add
		6704 Rollingwood Drive	<input checked="" type="checkbox"/> Remove
		Raleigh, NC 27613	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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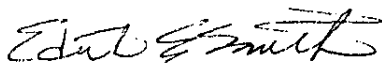
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 16, 2014



Signature of a member or authorized representative of a member

Edith E Smith

Typed or printed name of signee

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Filing Fee: \$25.00

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