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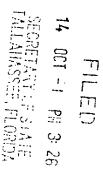
(Re	equestor's Name)	
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OCT 0 8 2014 S. YOUNG

COVER LETTER

Division of Corpo	orations		
SUBJECT:	PSL H Name of Limit	OME WATCH led Liability Company	1,220.
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
		Name of Person ME WATCH Firm/Company	
		Firm/Company W BENNINGTON Address	V CIRCLE
	PORT SAINT	LUCIE, FL 31 City/State and Zip Code	1987 W
	SKYRIDER 1 E-mail address: (to	BLACK @ ROL o be used for future annual report notif	ication)
For further information cor	neerning this matter, please ca	ll:	
Jo J+N Name of I	F. BLACK	at (<u>772</u>) <u>34 5</u> 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:

TO: Registration Section

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**

Dai

(<u>Name of the Limited Liability Company as it n</u> (A Florida Limited Liability C	ow appears on our record company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company were fil	ed on SEAT.	16, 2014 and assigned
lorida document number L 14000 144 6 0 2		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
he new name must be distinguishable and end with the words "Limited Liability Com	pany," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N /	A 22 F
Principal office address MUST BE A STREET ADDRESS)		
		The same areas
	. 1	
Enter new mailing address, if applicable:	~/	<u>^</u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	· · · · · · · · · · · · · · · · · · ·)±1 (0)
B. If amending the registered agent and/or registered office adegistered agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records	s, enter the name of the
New Registered Office Address:	Enter Florida street address	s
	. Flo	orida Zip Code
		Zip Code
City		

If Changing Registered Agent, Signature of New Registered Agent

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 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			□ Add
			□ Remove
			□ Add
	J		Remove
			□ Add
			Remove
			Remove
			□ Add □ Add □ □ Remove

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

Page 3 of 3

Filing Fee: \$25.00

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