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J. HARRIS

COVER LETTER

Div	ision of Corpo	orations			
SUBJECT:	PAM WATT	LLC			
		Name of Limi	ted Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subr	mitted for filing.		
Please return	all correspond	lence concerning this matter t	to the following:		
		Pamela F Watt			
			Name of Person		
		The Watt Team			
	•	1 1188 11 80	Firm/Company		_
		780 Eagle Pt Drive			
			Address		-
		St Augustine, Fl 32092			
			City/State and Zip Code		
		bwatt@agentlink.net	to be used for future annual re	and natification)	
	a			ероп пописанов)	
For further in	nformation con	scerning this matter, please ca	uii:		
Bruce Watt			904 994 at ()	-2533	
	Name of F	Person	Area Code	Daytime Telephone Number	er
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific Certifie	ate of Status &

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

(Name of the Limited Linbility (A Florida)	Company as it now appears on our rec Limited Liability Company)	ords.)	<u> </u>
The Articles of Organization for this Limited Liability Co	ompany were filed on October 06, 20	015	and assigned
Florida document number L15000170237	<u>.</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
Pamela F Watt LLC			
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "I	LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR)	ESS)		
	 	<u></u> , 3 <i>p</i> (3)	(N)
			<u></u>
Enter new mailing address, if applicable:		日本 10分 22	
(Mailing address MAY BE A POST OFFICE BOX)		00 () 20 ()	~ €
		1117.	37: %
		53.	<u>ြ</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ords, enter the	e name of the ne
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street ad	dress	
	City	, Florida	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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Address Type of Action** <u>Title</u> <u>Name</u> □ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add Remove Change □ Add Ģ Remove ☐ Change □ Add ☐ Remove ☐ Change

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			Jai	nuary 19, 201	16					
		the date of	Illing:			re than 90 days a	o tional) fter filing.) P			
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Filing Fee: \$25.00