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COVER LETTER

	vision of Co			
SUBJECT:	Cathy E. W	/atson, PLLC		
ood de la		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	n all correspo	ondence concerning this matter	to the following:	
		Cathy Watson		
			Name of Person	<u></u> :
			Firm/Company	
		4856 Winterhaven Drive		
		Sarasota, FL 34233	Address	
		c cpietras 77@yahoo.com	City/State and Zip Code	731% (1% ₁₄)
For further in		E-mail address: (to be used for future annual report not	tification)
Cathy Watso		•	941 400-7601	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
·	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COUR Registration Section Division of Corpo Clifton Building	on
		ssee, FL 32314	2661 Executive Contained Tallahassee, FL 3	

- 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cathy E. Watson, PLLC		
(Name of the Limited I	iability Company as it now appears on our records.) Florida Limited Liability Company)	
	lity Company were filed on 1/23/17	and assigned
	 ,	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Catherine E. Watson, PLLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the a	obreviation "Is.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	8 6
		2
		2 0
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
-	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
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effective date is list te: If the date inse	her than the date ed, the date must be s erted in this block d date on the Depart	pecific and cannot oes not meet t	he applicable:	e of filing or mor statutory filing	e than 90 days aft	tional) er filing.) Pursuant nis date will not	t to 605. be liste
	s a delayed effeter the record		but not an	effective tir	ne, at 12:01	a.m. on the	earlie
January 30	0	20	17				

Page 3 of 3

Filing Fee: \$25.00