L18000291099

(Requestor's f	Name)
(Address)	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	AIT MAIL
(Business Ent	ity Name)
(Document No	umber)
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
Watson He	enderlite, Family Law Attorney	s, PLLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling	
Please return all correspo	ondence concerning this matter	to the following:	
	Demse Watson		
		Name of Person	
	Law Offices of Denise Wa	itson	
		Firm/Company	
	218 East Ashley Street		
		Address	
	1		
	Jacksonville, Florida 3220		
	egilbreath218@bellsouth.ne	City/State and Zip Code	
	-	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Joshua Waller		904 356-5336	
	f Person	at () Area Code Daytim	The state of
Name o	I Ferson	Area Code Dayun	ie Teiepnone Aumber
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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration 5		Registration Se	
Division of C		Division of Cor The Centre of T	•
P.O. Box 632	. 1	ine Centre of 1	ratiaffa88CC

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited	iny as it now appears on our r Liability Company)	ecords.)		
The Articles of Organization for this Limited I	.iability Company	were filed on 12/21/2018		_ and assi	gned
lorida document number 1.18000291099					
his amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liab	ility company here:			
aw Offices of Denise Watson PUC					
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbro	eviation "L.L	,,c',"
Enter new principal offices address, if applicable:		218 East Ashley Street		بح	
Principal office address MUST BE A STRE	ET ADDRESS)	Jacksonville, Florida 3220	202	021 <u>-</u>	
					<u>" </u>
				1	.2.27
Inter new mailing address, if applicable:		218 East Ashley Street			_ i i
Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, Florida 3226	02	= = = = = = = = = = = = = = = = = = = =	ر . ار
				<u>က်</u>	
3. If amending the registered agent and/or gent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:	· ·		nter the name	of the new	registe
reconcegneted Office Address.		Enter Florida street a	ddress		_
	Jacksonville , Florida		, Florida 3220	32202 Zip Code	
	-	City	-·	Zip Code	

HC hanging Registered Agent, <u>Signature of New Registered Agen</u>

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Denise Watson	218 East Ashley Street	= Add
		Jacksonville, Florida 32202	□Remove
			☐ Change
			□ Add
		□Remove	
		□Change	
		□Add	
			□Remove
		□Change	
			□Add
			□Remove
		□Change	
		□ Add	
			□Remove
		□Change	
			🗆 Add
		2000000	
			□ Change

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E. Effective date, if other than the dat	10/01/2024 te of filing:(optional)
(If an effective date is listed, the date must be:	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)0 does not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed ef (b) The 90th day after the record	fective date, but not an effective time, at 12:01 a.m. on the earlier of: lis filed.
Dated September 2	<u> 25</u> . <u>7024</u> .
Sign	25 . Zozy . Letter W. Losa nature of a member or authorized representative of a member
Denise Watson	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signce