L200001201013

(Re	questor's Name)
(Ad	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to I	Filing Officer:	J. HORNE MAR 16 2024

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COVER LETTER

Divis	sion of Corpo	orations		
SUBJECT:	Watson and V	Voodard Properties LLC		
MODIFICE.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
		Kimberly Byrne		
			Name of Person	
		WATSON AND) Woodard Firm/Company	Properties
		2026 SW Justison Ave		
			Address	
		Port St Lucie Florida 3495	3	
			City/State and Zip Code	
		kimberlywoodarddpm@gm		
		E-mail address: (i	to be used for future annual rep	oort notification)
For further inf	formation con	cerning this matter, please ca	ill:	
Kimberly By	me		561 37350	034
	Name of P	erson	at () Area Code	Daytime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rds.)

Watson and Woodard Properties LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on <u>05/04/2020</u>	and assigned
Florida document number L20000120613		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
J & K Byrne Properties LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ddress on our records, enter the na	ame of the new registered
	, Florida .	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	,	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I av provided for in Chapter 605, F.S. C	m familiar with and Or, if this document is

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>	Name	Address	Type of Action
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove

	
	
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Note: If the	te, if other than the date of filing:
e record speci rd is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Febru Dated	1ary 28 2024
	Signature of a member or authorized representative of a member
ĸ	imberly Marie Byrne
_	Typed or printed name of signee

Filing Fee: \$25.00