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COVER LETTER

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TO: Registration Sec Division of Corp			
SUBJECT:	Watson Mc	-Kay LLC	
	Name of Limi	ted Liagury Company	2021 HAR 29 PH 3: 13 One Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
		_auretta Watzm McKay	
	Laurette	Watson McKay LLe Firm/Company	
		rra Verde Trail Address	
	<u>Paname</u>	City Beach FL 3240.	2021 HAR S725151
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please ca	all:	SER P
lawetta	McKay Person	at (850) 866 - 9230 Area Code Daytime Telephone Number	FL TATE
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificate (additional copy is enclosed) Certified C	of Status & lopy
<u>Mailing Addres</u> Registration S	Section	Street Address: Registration Section	
Division of C	-	Division of Corporations	
P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	0

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Watson McKay LLC
(Name of the Limited Liability Company as it now apprars on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{6/19/2020}{19/2020}$ and assigned Florida document number $\frac{120000171206}{19/2020}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability 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) 112 Tierra Verde TRail
Panama City Beach FL 32407
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
29 F
B. If amending the registered agent and/or registered office address on our records, enter the name/of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: (ho change) Lauretta Watson Mcka
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 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
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ective date, if other effective date is listed, t e: If the date inserted ument's effective date	the date must be specifing in this block does	ic and cannot be prio not meet the appli	cable statutory f	or more than 90 d	_ (optional) ys after filing.) nts, this date v	Pursuan vill not	nt to 605.02 be listed
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Filing Fee: \$25.00