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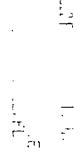
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Office Use Only



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COVER LETTER

	Division of Cor		,	
enn me	Watson Est	ates LLC		a ⁿ
SUBJEC	I:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	_	
		Jacqueline Quiroga		
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		5511 Parkcrest Drive STE	103	
			Address	
		Austin, Texas, 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.cc E-mail address: (om to be used for future annual report notif	fication)
For furthe	er information c	oncerning this matter, please c	all:	
Jacquelin	ne Quiroga c/o 2	ZenBusiness INC	844 493-6249	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$ 25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		Street Address: Registration Sec	ction
	Division of C		Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		1, 1,
Watson Estates LLC		•••
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	<u>rds.</u>)
he Articles of Organization for this Limited Liability Compa	ny were filed on 11/2/2021	and assigned
lorida document number 1.21000475420		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	Additional Community of the Additional Community of the	(Washington of LC)
	ability Company, the designation "Li.	C or the appreviation "L.E.C.
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offic	e address on our records, <u>ente</u>	er the name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		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
AMBR	John Bamford	222 S. Seacrest Circle	■Add
		Delray Beach, FL 33444	□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add

_____ □Remove

ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more: If the date inserted in this block does not meet the applicable statutory filing becument's effective date on the Department of State's records.	
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of	(optional) re than 90 days after filing.) Pursuant to 605.0207 requirements, this date will not be listed as
is filed.	n the earlier of: (b) The 90th day after the
tted January 26th 2022	
/s/ Lisa Bamford Signature of a member or authorized representative	
Signature of a member or authorized representative	

Filing Fee: \$25.00