

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

174 Pangar's Printing - Them seville SA &CC

&F WATKINS	S HOLDINGS, I	LLC	
lease Debit 120	000000257 For:	25	
Thank you Seth	Neelev		
1-4-	<u> </u>		
JUNI	<u> </u>		Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
,			Officer Search
1			Fictitious Search
	7 ₂ /		Ficitious Owner Search
Signature			Vehicle Search
_ 			Driving Record
Requested by:			UCC 1 or 3 File
· · · · · · · · · · · · · · · · · · ·			UCC 11 Search
Name	Date	Time	UCC II Retrieval
Walk-In	Will Pick	Up	Courier

COVER LETTER

TO: Registration Division of C	Section Corporations		
	tkins Holdings, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Nathan G. Nolin		
		Name of Person	
	Attorney at Law		
		Firm/Company	
	5407 Cotton Street		
		Address	
	Graceville, FL 32440		
		City/State and Zip Code	
	nate@armstrong-jordan.com	n to be used for future annual report notifi	
For further information	concerning this matter, please ea	·	cation)
Nathan G. Nolin		850 360-4233 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Fiting 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)

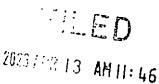
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



J&F Watkins Holdings, 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 price of the Articles of Organization for this Limited Liability Company were filed on price of the Initial Liability Company were filed on price of the Initial Liability Company were filed on price of the Initial Liability Company were filed on price of the Initial Liability Company here:

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

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 BOS)

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:

New Registered Office Address:

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

Enter Florida street address

__, Florida __

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
MGR	Florence H. Watkins	1305 South Blvd	
		Chipley, FL 32428	■ Remove
			☐ Change
MGR	Florene H. Watkins	1305 South Blvd	■ Add
		Chipley, FL 32428	□ Remove
			Change
			☐ Remove
			Change
			
			Rcmove
			Change
			Add
			□ Remove
			□ Change
			□ Add
			☐ Remove
			Change

		· ·	
			
			
			, ~
			2003 (
			<u> </u>
	<u></u>		AM II: 47
		<u> </u>	STA L
			· H -
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blod document's effective date on the Department of the Dep	date of filing: be specific and cannot be prior to date of fick does not meet the applicable statutorartment of State's records.	(option diling or more than 90 days after for ory filling requirements, this of	nal) ling.) Pursuant to 605.0207 date will not be listed as
	effective date, but not an effe rd is filed.	ective time, at 12:01 a.	m. on the earlier of
e record specifies a delayed The 90th day after the reco			
ne record specifies a delayed. The 90th day after the reco	2023		
The 90th day after the reco	. 2023	_	

Page 3 of 3

Filing Fee: \$25.00