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09/17/24 --01/07--029 **25.00



COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

BrianWats	son,LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	Brian K. Watson		
		Name of Person	
	BrianWatson,LLC		
		Firm/Company	
	7232 Hawksnest Blvd		
		Address	
	Orlando, FL 32825		
		City/State and Zip Code	
	bkwatson11@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please of	all:	
Brian K. Watson		407 694-6681	
Name	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for	the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addro Registration		Street Address: Registration Sec	ction
•	Corporations	Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. 1.

FILED

2024 SEP 17 PM 12: 41

BrianWatson, LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)	TALLAHASSEE, FLORID,
The Articles of Organization for this Limited L	iability Company	were filed on 6/19/24	and assigned
Florida document number <u>La4000</u>	277399		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
Brian Watson, LLC		_	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
ter new principal offices address, if applicable:		7232 Hawksnest Blvd	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Orlando, FL 32835	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7232 Hawksnest Blvd Orlando, FL 32835	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	No Change		
New Registered Office Address:	No Change		
		Enter Florida street address	
		, Florie	da
		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>	<u>Address</u>	Type of Action
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			□Change
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					Dr.		
		<u> </u>					
Effective date, if other than fan effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific a s block does not	and cannot be prior t meet the applic	to date of filing or able statutory fil	more than 90 days after ing requirements, the	er filing.) Pursu	ant to 605 of be list	i.0207 (ed as t
	ctive date, but n	oot an effective t	ime, at 12:01 a.n	n. on the earlier of: ((b) The 90th	day afte	r the
rd is filed.		2024					
e record specifies a delayed efford is filed. Dated September 9 Man	K. U	·	 /	ve of a member	_		

Filing Fee: \$25.00