## P05000073356

(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	ATION: WATSON UNLIN	IITED ENTERPRISES IN	С			
DOCUMENT NUMB				_		
	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
		Clarence Watson				
-	<del></del>	Name of Contact Person	n			
	WATSON	UNLIMITED ENTERPRI	SES INC			
-		Firm/ Company				
1879 Caravan Trail Unit 106						
-	Address					
		Jacksonville, FL 32216				
-		City/ State and Zip Code	e			
	C	clarencewatson5@gmail.co	m			
-	E-mail address: (to be us	sed for future annual report	notification)	- ; `	202	
					بل 2	
For further information	concerning this matter, plea	se call:		- (.)	<u></u>	
Clarence Watson		904 at (	403-8117 ) de & Daytime Telephone N	-12. -2.	2022 JUH 14 PH 4: 55	,
Name of Contact Person		Area Co	de & Daytime Telephone N	umber	<u></u> -	•
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	: ;	$\Omega$	
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame	ling Address Indment Section Ission of Corporations	Amend	Address Iment Section on of Corporations			

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently fi	ed with the Florida Dept. of State)
P05000073356	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flo</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "com "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A po "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	2022 JUH
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:  Clarence Watson	in Florida, enter the name of the

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent

New Registered Office Address:

WATSON UNLIMITED ENTERPRISES INC.

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

1879 Caravan Trail Unit 106

Jacksonville,

Signature of New Registered Agent, if changing

(Florida street address)

(City)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u> .	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	WATSON, NYDIA	1879 Caravan Trail
Add			JACKSONVILLE, FL 32216
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			<del></del>
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	dding additional Arti sheets, if necessary).	cies, enter change (Be specific)	дът неге.			
(/ ttuch tutinomus	iniceis, if necessiary).	(inc specific)				
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If an amendment	provides for an exclude an exclude provides for an exclude provides for an exclude provides and the same provides for an exclusive provide for an exclusive provides for an ex	<u>iange, reclassifica</u>	<u>tion, or cancella</u> toined in the or	<u>ation of issued st</u>	nares,	
(if not applic	cable, indicate N/A)	nament is not con	tained in the ar	nenament usen.	<u>.</u>	
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The date of each amendment(s) a	doption:		, if other than the
date this document was signed.	· •		
Effective date <u>if applicable:</u>	ective Immedi	atery	
		(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De		t meet the applicable statutory filing requirements, the State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHE</u>	ECK ONE)	
The amendment(s) was/were add action was not required.	opted by the ir	ncorporators, or board of directors without shareholde	r action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so		hareholders. The number of votes cast for the amenda	nent(s)
		shareholders through voting groups. The following st group entitled to vote separately on the amendment(s)	
"The number of votes cast	t for the amend	dment(s) was/were sufficient for approval	
by		<u>."</u>	
,	(votin	ng group)	
06/07/2023	2		
Dated			
Signature		Watson	
	lirector, presid	lent or other officer – if directors or officers have not	<del></del> peen
		rporator - if in the hands of a receiver, trustee, or other	court
appoin	ited fiduciary l	by that fiduciary)	
	Clarence Wa	atson	
	(7)	Typed or printed name of person signing)	
	Director	( Watron	
		Fitle of person signing)	