

L14000083396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

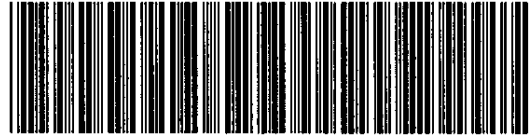
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

SEP - 5 2014  
A. LUNT

Office Use Only



800263483108

FILED  
SEP 25 PM 2 11  
2014  
FBI - MEMPHIS

800263483108  
08/25/14--01034--022 \*\*25.00

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**PRIDE LAWN & PEST LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**VIVIAN ANASTASO**

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

**921 FULTON LANE NE**

\_\_\_\_\_  
Address

**PALM BAY, FL 32905**

\_\_\_\_\_  
City/State and Zip Code

**CBPTODD@GMAIL.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2014 MAR 25 PM 2:11  
FILED  
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

**TODD HINZE**

**954 232-7938**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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 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**

PRIDE LAWN & PEST 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 5-23-14 and assigned Florida document number L14000083396.

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 end with 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)

FILED  
2014 MAY 25 PM 2:11  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF PALM BEACH  
FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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: VIVIAN ANASTASO

New Registered Office Address: 921 FULTON LANE NE  
Enter Florida street address

PALM BAY, Florida 32905  
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.*

*Vivian Anastaso*  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LANCE JOEL HLAVIN	1150 TIGER STREET SE	<input checked="" type="checkbox"/> Add
		PALM BAY, FL 32909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
2014 FEB 25 PM 3:11  
CLERK OF DISTRICT COURT  
PALM BEACH COUNTY, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

---

---

---

---

---

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated AUGUST 20, 2014



Signature of a member or authorized representative of a member

**TODD HINZE**

Typed or printed name of signee

**FILED**  
2014 AUG 25 PM 2:11  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA