

L16000160142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

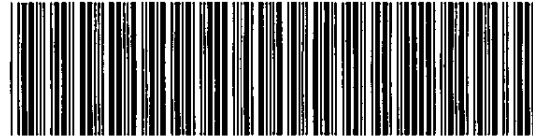
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
NOV 28 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tony Beq 14 LLC
Name of Limited Liability Company

RECEIVED
2016 NOV 22 PM 2:06
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Please return all correspondence concerning this matter to the following:

Beatriz Maruri
Name of Person

Firm/Company

5240 NW Reba Cir
Address

Port St Lucie, FL 34986
City/State and Zip Code

tonymaruri2@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatriz Maruri at (772) 985-4948
Name of Person Area Code Daytime Telephone Number

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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

Tonybea 14 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 8-26-16 and assigned Florida document number L16000160142.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Tony's Pest Lawn & Garden Services LLC
The new name must be distinguishable and contain 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)

5240 NW Reba Cir
Port St Lucie, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5240 NW Reba Cir
Port St Lucie FL 34986

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:

Beatriz Manini

New Registered Office Address:

5240 NW Reba Cir
Enter Florida street address
Port St Lucie, Florida 34986
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.

Beatriz Manini
If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Beatriz Marini	5240 NW Rebel Cir	<input type="checkbox"/> Add
		Port St Lucie FL 34986	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 18, 2016

Beating Maruri
Signature of a member or authorized representative of a member

Beating Maruri
Typed or printed name of signee

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TALLAHASSEE, FLORIDA