L21000103012

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: GATOR PE	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	idence concerning this matter	to the following:		
	JUSTIN HESTER			
		Name of Person		
		Firm/Company		
	12206 COUNT PLACE			
		Address		
	THONOTOSASSA, FL 33	3592		
		City/State and Zip Code		
	gatorpestservices@gmail.co		<u>_</u>	
	E-mail address: (to be used for future annual report not	ification)	
For further information co	oncerning this matter, please co	all:		
JUSTIN HESTER		at (<u>863</u>) <u>709-5827</u>		
Name of	Person	Area Code Daytin	ne Telephone Number	
e 1 1: 1 1 e a	CH			
Enclosed is a check for the	_	_	_	
\$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	,	Street Address:		
Registration Section			Registration Section	
Division of Corporations		-	Division of Corporations	
P.O. Box 6327		The Centre of		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GATOR PEST SERVICES 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 $\frac{03/03/2021}{1}$ and assigned Florida document number <u>L21000103013</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HIGHLANDS PEST AND RODENT MANAGEMENT LLC 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 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: New Registered Office Address: Enter Florida street address . Florida _

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			□Add
		Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
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			☐Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
	 	□Remove	
			□Change

fective	date, if other than the date of filing: 01/25/2024 (optional)
ote: If	ive 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 605,020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocumen	t's effective date on the Department of State's records.
record s Lis filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ated	(7-23-24)
	Justin Hester
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	JUSTIN HESTER
	Typed or printed name of signee