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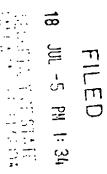
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COVER LETTER

то:	Registration Se Division of Cor		·	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CRITTER	& PEST DEFENSE LIMITED	LIABILITY COMPANY	
SUBJI	EC1:	Name of Lim	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		CARL SHAW		
		· <u>-</u>	Name of Person	
		CRITTER & PEST DEFE	NSE LIMITED LIABILITY COMP	PANY
			Firm/Company	
		5308 MT. PLYMOUTH R	ROAD	
			Address	
APOPKA, FL 32712				
			City/State and Zip Code	
		CRITTERANDPESTDEFE	NSE@GMAIL.COM to be used for future annual report notif	(cation)
For fur	ther information e	oncerning this matter, please co		icultivi,
CARL	. SHAW		407 373-4515	
	Name o	f Person		Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2:	5.00 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 ARTICLES OF ORGANIZATION **OF**

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CRITTER & PEST DEFENSE LIMITED LIABILITY COMPANY

(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 L	iability Company	were filed on $\frac{05/04/2}{1}$	and assigned
Florida document number L07000047814	-		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	rable:		
(Principal office address MUST BE A STREET ADDRESS)		5308 MT. PLYMOU	TH ROAD
		APOPKA, FL 32712	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		5308 MT PLYMOU	
		APOPKA, FL 32712	<u>'</u>
B. If amending the registered agent and registered agent and/or the new registered o			r records, enter the name of the new
Name Pagistarud Office Address	5308 MT PLY	MOUTH ROAD	
New Registered Office Address:		Enter Florida si	reet address
	АРОРКА		Florida 32712
		City	Zip Code
New Registered Agent's Signature, if changing l	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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Address <u>Name</u> Title ☐ Remove ☐ Remove __ Change _D Add _□ Remove _____ Сһалде □ Add ☐ Remove _□ Change \square Add ☐ Remove ☐ Change □ Add _□ Remove Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

٠	PLEASE UPDATE ADDRESSES FOR AUTHORIZED PERSON(S)
	- CARL SHAW: 5308 MT PLYMOUTH ROAD, APOPKA, FL 32712
	- STEPHANIE SHAW: 5308 MT PLYMOUTH ROAD, APOPKA, FL 32712 18 18 18 1: 34
	St. 1: 34
(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ne 90th day after the record is filed.
Date	<u>629.2018</u> <u>[ll]</u>
	Signature of a member or authorized representative of a member
	Carl Shaw
	Typed or printed name of signee

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

Page 3 of 3

Filing Fee: \$25.00