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COVER LETTER

TO: Registration So Division of Cou			
SUBJECT: BugS	Slayer Worldwi	de LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Samuel L Ve	elona	
		Name of Person	***
	BugSlayer V	Voldwide LL	
		Firm/Company	
	3899 Ulmert	on Rd. Suite	e F
		Address	
	Clearwater,	FL 33762	
		City/State and Zip Code	
	byebyebugs@ver		
		o be used for future annual re	port notification)
For further information c	oncerning this matter, please ca	all:	
Sam Velon	g	$_{\rm at}$ $_{\rm (727)}$ $_{\rm 55}$	56-0000
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BugSlayer Worldwide LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L0400092004 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab The new name must be distinguishable and end with the words "Limited Liab	JAN 27 PM 4: 29 AHASSEE, FLORICE illity company here:
Enter new principal offices address, if applicable:	BugSlayer Worldwide LLC
(Principal office address MUST BE A STREET ADDRESS)	3899 Ulmerton Rd. Suite F
(a Thirthe Office united in Col 102 It STREET THORIESS)	Clearwater, FL 33762
Enter new mailing address, if applicable:	BugSlayer Worldwide LLC
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 17915
	Clearwater, FL 33762
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	. Florida
	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.

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

AMBK = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Add
			Remove
			Add
		 	Remove FILED PAN 27 PAN
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			STATE Remove
			Add
			Remove
			□ Add
		-	Remove

	
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SECRETARY OF STATE
TALL AHASSEE, FLORIDA