

LD5 000075526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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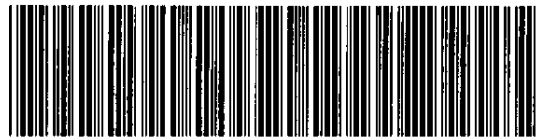
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

SEP - 9 2009

EXAMINER

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*** Board Certified Appellate Lawyer*

September 4, 2009

Division of Corporations
Post Office Box 6250
Tallahassee, Florida 32314

Re: DO IT YOURSELF PEST CONTROL (Fictitious names and LLC)

Doc #'s: G05021700199, G03101700163 and L05000075526

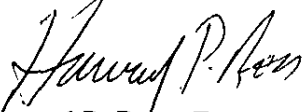
Dear Sir/Madam:

Enclosed please find the following:

- Articles of Amendment for Doc #L05000075526.
- Application for Fictitious Name for Doc #G05021700199.
- Application for Fictitious Name for Doc #G03101700163.
- Check #11317 in the amount of \$125.00 for the filing fees for all of the above.

If you have any questions or require any additional information, please do not hesitate to contact me.

Very Truly Yours,



Howard P. Ross, Esq.

HPR/ld

Enclosure(s)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DO IT YOURSELF PEST CONTROL LLC
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:

PIERRE M. VOGELBACHER, ESQ

Name of Person

HARPER, KYNES & GELLER

Firm/Company

2560 GULF TO BAY BLVE., SUITE 300

Address

CLEARWATER, FL 33765-4420

City/State and Zip Code

pvogelbacher@harperkynes.com

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

For further information concerning this matter, please call:

PIERRE M. VOGELBACHER, ESQ

Name of Person

at (727)

799-4840

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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**

DO IT YOURSELF PEST CONTROL 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 AUGUST 2, 2005 and assigned
Florida document number L05000075526.

This amendment is submitted to amend the following:

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

Howie's Business, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE FLORIDA

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

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

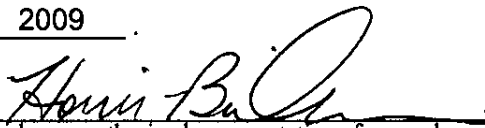
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated SEPTEMBER 2nd, 2009



 Signature of a member or authorized representative of a member

HOWARD M. BRICKMAN

 Typed or printed name of signee