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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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ECREIANE OF MATE LLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations		
SUBJECT: CROSS COMPAL EXTERMINATORS OF FLORISM 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:		
(Name of Person) Lange Recounting & Tox Suces (Firm/Company) O Box 86 (Address) CHIPLEY DX 32428 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Person) at (850) 638-496) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status Certificate of Status & Certificate of Status & Certificate of Status & Certificate Copy (additional copy is enclosed)		

Registration Section

TO:

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

FILED

07 JUL 24 AM II: 32

SECREMANT OF STATE
TALLAHASSEE, FLORIDA

CAOSS COUNTAY EXTORMINATORS OF FURION LLI
(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on October 4 2005 and assigned document number <u>LOS 0020 98075</u> .
SECOND:	This amendment is submitted to amend the following:
	CHANGE LEGGY NEWS OF LLC TO
	CHANGE LEGGE NAME OF LIC TO BURNE PEST CONTROL, LIC
	- BUNNE PEST CONTINOL, LLC
Dated	Tyry 20, 2007.
	Luh D. Buln
	Signature of a member or authorized representative of a member
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	Typed or printed name of signee