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T. CLINE

MAR 1 3 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section . Division of Corporations	
SUBJ	NECT: Ultimate Pest Control CC (Name of Limited Liability Company)	
The er	inclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Tyler L. Jacobs (Name of Person)	
	Ultimate Pest Control, UC	
	931 SE 27th St.	· year
	Ocher, FC 3444	TALLAHA
	(City/State and Zip Code)	ARY SSE
For fu	urther information concerning this matter, please call:	ANIO: 5
	Tyler L. Tacobs at 353 304-4401 (Name of Person) at (352 304-4401) (Area Code & Daytime Telephone Number	
Ençlo	osed is a check for the following amount:	
<b>5</b> 0/\$2	(additional copy is enclosed) Certified	ate of Status &

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

Ultimate les	t Control, UC
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on $3/4/9$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	Tyler L. Jacobs
(Principal office address MUST BE A STREET ADDRESS	931 SE 274 SH 3 CALA FC 3447 = 1
Enter new mailing address, if applicable:	(SAMSE as CUBOTAE) = TI
(Mailing address MAY BE A POST OFFICE BOX)	- CO 6 - CO 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new
Name of New Registered Agent:	ler L. Jacobs
New Registered Office Address:	31 SE 27th St
	(Enter Florida street address)  (City)  (Enter Florida Street address)  (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)

Page 1-6f 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

	Manager = Managing Member		
<u>Title</u>	Name	Address	Type of Action
WGK	- Tyler Lacobs	931 SE 27 S	Add Remove
MGK	- Brandy Jaco	Obs 931 SE JAM S	Add Remove
			Add Remove
			Add Remove
	_		Add Remove
<del></del>			SEE F Add Remove
D. If an		er change(s) here: (Attach additional sheets, abs is now sole (	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dated	March 4 Bearous for	10 - Tyli	
	$\rho$	a member or authorized representative of a mem  b S  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00