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EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: PEST CONTROL DIRECTICOM 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:
Robert Eric Gwi Name of Person
PEST CONTROL DIRECT COM LLC Firm/Company
139 TWIN LAKES GIRCLE Address
City/State and Zip Code APA APA APA City/State and Zip Code APA APA City/State and Zip Code APA APA APA City/State and Zip Code APA APA APA APA APA APA APA Code & Daytime Telephone Number APA APA APA APA Code & Daytime Telephone Number APA APA APA APA APA APA Code & Daytime Telephone Number APA APA APA APA APA APA APA A
For further information concerning this matter, please call:
Name of Person at 352, 669, 6158 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Registration Section Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PEST CONTROL I	DIRECT.COM LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 30th OCTOBER 2	2006 and assigned	
Florida document number L06000105302			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ollity company here:	*	
		FAE O	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation	"LICE or the abbreviation	
Enter new principal offices address, if applicable:	139 TWIN LAKES CIRCLE	ARY SSE	
(Principal office address MUST BE A STREET ADDRESS)	UMATILLA	me 3 m	
	FLORIDA 32784	STATE RIDE	
		58 ATE	
Enter new mailing address, if applicable:		A	
(Mailing address MAY BE A POST OFFICE BOX)			
		*** **********************************	
B. If amending the registered agent and/or registered of		r the name of the new	
registered agent and/or the new registered office address her	<u>.e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
The state of the s	Enter Florida street address		
	Planida		
<u></u>	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	- F	
	<u>.</u>		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I further	agree to comply with	
the provisions of all statutes relative to the proper and comp	lete 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. C	r, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 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> **Type of Action** MGRM Mr.Christopher R ADAMS 139 TWIN LAKES CIRCLE ✓ Add Remove **UMATILLA** FLORIDA 32784 MGRM Mrs.Denise GUY 19 SAYERLAND ROAD ☐ Add √ Remove **POLEGATE** EAST SUSSEX BN26 6NU UK ☐ Add ☐ Remove □ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) **NOVEMBER 5th** 2009 Dated Signature of a member or authorized representative of a member Robert Eric Guy (Managing Member)

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00