607000004672

	Requestor's Name)	
`	,	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
	Document Number)	-
	,,	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
	Office Head Outs	



800266505828

11/24/14--01005--017 **30.00



J. Shivers DEC 0 4 2014

est.

COVER LETTER

Division of Corpo			
BugX Exte	erminators, LLC		
SUBJECT.	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Wiley L. McIlrath		
		Name of Person	
	BugX Exterminators	, LLC	
		Firm/Company	
	P.O. Box 10388		
		Address	
	Brooksville, FL 3460	03-0388	
		City/State and Zip Code	
	bugx@bugx.biz	to be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	·	,
Wiley L. McIlrath		352 585-7875	
Name of I	erson		Telephone Number
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

BugX Exterminators, LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L0700004672</u>	pility Company were filed on 01/12/2007	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	<u>.</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address on our records, enter	the name of the new
Name of New Registered Agent:		Ās
New Registered Office Address:	Enter Florida street address	CRETA
	, Florida	OF Francis
New Registered Agent's Signature, if changing Re	· -	2 2 7
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further age and complete performance of my duties, and I amy ered agent as provided for in Chapter 605, F.S. Or, gistered office address, I hereby confirm that the linuage.	familiar with and if this document is

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stuart S. McIlrath	13379 Potomac Ave	■ Add
		Brooksville, FL 34614	□ Remove
MGR	Wiley L. McIlrath	11210 Centralia Rd	Add
	·	Weeki Wachee, FL 34614	■ Remove
			□ Add .`
			Remove
			Add Add
			Add 14 Nove 24 SECRETARY ALLAHASSEE
			TARY OF STATE Remove
			Remove
			□ Add

·	
Effective date, if other than the da The effective date must be specific, cannot be the date this document is filed by the Florid	be prior to date of receipt or filed date and cannot be more than 90 days after
Dated November 21	
M.	Ville ! Millert
	gnature of a member or authorized representative of a member
Wiley L. McIlrath	<i>v</i>

Page 3 of 3

Filing Fee: \$25.00

14 NOV 24 AM 7: 43
SECRETARY OF STARR