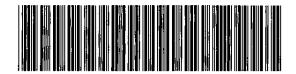
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•					
(Requestor's Name)					
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(Address)					
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(City/State/Zip/Phone #)					
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COVER LETTER

TO: Registration Division of C				
SUBJECT: DiPar	nni Pest Control LLC			
•	(Name of Lir	mited Liability Company)		
	of Amendment and fee(s) are su			
	Anthony DiPanni			
		(Name of Person)		
	DiPanni Pest Con	trol LLC.	ZE TAL	:
		(Firm/Company)	CCR LAH	المراهم
	1292 SE Preston	l n	SECRETARY OF S	8 J
	1292 OL I TOSION	(Address)	24 SEE	
	Port St Lucie, FL	34983	TARK OF STAN	TED
		(City/State and Zip Code)	03 03	
For further information	n concerning this matter, please	call:		
Anthony DiPa	nni	at (772) 618-3264		
<u> </u>	ne of Person)	(Area Code & Daytim	e Telephone Number)	
Enclosed is a check for the	he following amount:			
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is	&
Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327	STREET/COURING Registration Section Division of Corpora Clifton Building	n ations	
Tallahassee, FL 32314		2661 Executive Co	nter Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DiPanni Pest Control LLC

	(Present Name) (A Florida Limited Liability Company)					
FIRST:	The Articles of Organization were filed on and a document number	ssigned				
SECOND:	This amendment is submitted to amend the following:					
	I would like to add my wife as a member	 				
•	Linda DiPanni			·		
	1292 SE Preston Ln	—1				
	Port St Lucie, FL 34983	SEC ALL	7001 OCT			
	FEIN # 02-08/0340	RETARY OF	0CT 24 P			
		STATE	2:03			
Dated 10/	/19/07					
	Signature of a member or authorized representative of a memb	er				
	Anthony DiPanni					
	Typed or printed name of signee					