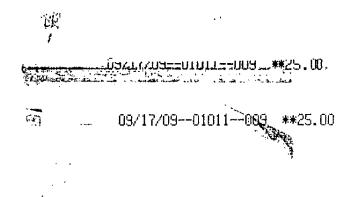
# 101000114845

(Requestor's Name	)
· (Address)	
(Address)	
(144,000)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
(Document Numbe	<u>.</u>
,	
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	
·	

Office Use Only



500160707605



209 SEP 17 AM 10: 38

T. CLINE

SEP 1-8 2009

**EXAMINER** 

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Tent Fumigation Specialist 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:	
James R. Riesen Name of Person	
Tent Fumigation Specialist	
4248 Coronado Road	
Orlando, FL 32804  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Tomes R. Riesen at (407) 929-7317  Name of Person Area Code & Daytime Telephone Number 38	-
Enclosed is a check for the following amount:	
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

lent funigation Spec (Name of the Limited Liability Company as it now	104121
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L07000  4845</u> .	on
This amendment is submitted to amend the following:	
Funique lan Specialists, The new name must be distinguishable and end with the words "Limited Liability L.L.C."	LLC.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	ASSESSED TO THE SERVICE OF THE SERVI
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office addres registered agent and/or the new registered office address here:	s on our records, enter the mame of the new
egister en ingeri <u>, inter se vice need a general en i</u>	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	. 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

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>:

MGR = Manager MGRM = Managing Member

<u>Title</u> '	<u>Name</u>	<u>Address</u>	Type of Action
M <u>GR</u>	Chantal Riesen	4248 Coronado Road Orlando, FL 32804	Add Remove
			Add Remove
			Add Remove
•		· ************************************	Add Remove
		A: UP: 17: 17: 17: 17: 17: 17: 17: 17: 17: 17	
		T (2)	Add GBemove
D. If ame	ending any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary,	)
	Title for:		
	James R. Riesen		
_	·	Orlando, FL 32804	
_	needs to be change	ged to "P"	
_			<del></del>
Dated	September 14, 20	909	
	September 14, 20 Signature of a member	Reser	
	Signature of a membe	r or authorized representative of a member 85 R. Riesen	
	Typed	or printed name of signee	····

Page 2 of 2

Filing Fee: \$25.00