## L08000033302

| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
| •                                       |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
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| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
| <b>A</b>                                |  |  |  |  |
| A. LUNT                                 |  |  |  |  |
| JUN 25 2008                             |  |  |  |  |
| 2 5 2008                                |  |  |  |  |
| EXAMINER                                |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE PALLAHASSEE, FLORIDA

TED

## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   |  |   |  |
|--|---|--|---|--|
| SUBJECT: ARMOR                           | PEST CONTROL,                               | LLC  | · · · · · · · · · · · · · · · · · · ·   |  |
|  | (Name of Lim                                | ited Liability Company)  |   |  |
|  |   |  |   |  |
| The enclosed Articles of A               | mendment and fee(s) are sub                 | mitted for filing.   |   |  |
| Please return all correspon              | dence concerning this matter                | to the following:  |   |  |
|  | SHANE HEFFNER                               |  |   |  |
|  | OTATION TO THE TAXABLE PROPERTY.            | (Name of Person)   | <del></del>   |  |
|  |   | ·  |   |  |
|  | ARMOR PEST CONTROL, LLC                     |  |   |  |
|  |   | (Firm/Company)   |   |  |
|  | 8095 SERENE STREET                          |  |   |  |
|  |   | (Address)  | \$87 23 <b>—</b>  |  |
|  |   | ,  | T P   |  |
| •  | WEEKI WACHEE, FL 34613                      |  |   |  |
|  |   | (Only/Otate and Zip Code)  | I: 49   |  |
| For further information co               | ncerning this matter, please ca             | all:   | » <b>3</b>  |  |
| SHANE HEFFNER                            |   | at ( 352 ) 835-1284  |   |  |
| (Name of                                 | Person)                                     | (Area Code & Daytime T   | elephone Number)  |  |
| Enclosed is a check for the              | e 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

ARMOR PEST CONTROL, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 04/01/2008 and assigned Florida document number <u>L080000333302</u> 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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

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 Title Name **Address** Type of Action MGRM JEFFREY T. HAWKINS 8095 SERENE STREET ■7 Add WEEKI WACHEE, FL 34613 Remove \_ Add Remove 🗂 Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Shane Heffuer
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00