

LD9000106205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

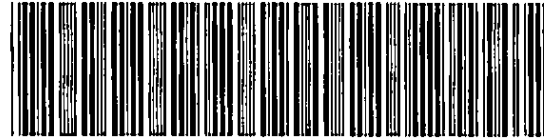
(Business Entity Name)

(Document Number)

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07/17/17--01010--002 **25.00

17 JUL 17 AM 7:43
TALLAHASSEE, FLORIDA

JUL 18 2017

J SHIVERS



Harlan L. Paul | Darren J. Elkind* | Matthew D. Branz | Michael P. Kelton
Christopher B. Paul | Natali Reyes | Melissa E. Morgan

*Board Certified Specialist - Civil Trial Law and City, County & Local Government Law

Reply to: Deltona

July 14, 2017

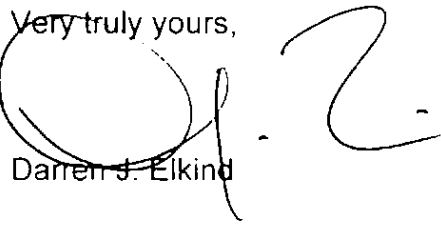
Department of State
Division of Corporations
Corporate Filings
Post Office Box 6327
Tallahassee, FL 32314

RE: McMaster Pest Services, LLC
Articles of Amendment

Dear Sir/Madam:

Enclosed for filing, please find Articles of Amendment for McMaster Pest Services, LLC, along with a check in the amount of \$25.00. Please return a file stamp copy in the enclosed self-addressed, stamped envelope. Thank you for your assistance in this matter. If you have any questions or need anything further, please do not hesitate to contact our office.

Very truly yours,


Darren J. Elkind

DJE/kb
Enclosures
#30723

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MCMASTER PEST SERVICES, 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 November 14, 2008 and assigned
Florida document number L08000106205.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MCMASTER LAWN & PEST SERVICES, LLC

The new name must be distinguishable and contain 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

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

17 JUL 17 AM 7:43
ALLAHABAD, INDIA
ALLAHABAD, INDIA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 30th 11 2017

Signature of a member or authorized representative of the organization

Brian McMaster

Typed or printed name of signee