

L09000120463

(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:
CORRECTED DOC PER
CONVERSATION WITH
TODD OIFER 8-15-2013 KS
(ONLY NEEDED NAME CHANGE)

Office Use Only



200249467562

07/15/13--01016--018 **25.00

FILED
13 JUL 15 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 15 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2013

ADAM D. DREWRY
PADDEN COOPER LLC
150 HIMMELEIN ROAD
MEDFORD, NJ 08055

SUBJECT: LIBERTY PEST MANAGEMENT SERVICES FRANCHISING, LLC
Ref. Number: L09000120463

We have received your document for LIBERTY PEST MANAGEMENT SERVICES FRANCHISING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 513A00017287

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LIBERTY PEST MANAGEMENT SERVICES FRANCHISING, LLC
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:

ADAM D. DREWRY

Name of Person

PADDEN COOPER LLC

Firm/Company

150 HIMMELEIN RD

Address

MEDFORD, NJ 08055

City/State and Zip Code

adam@paddencooper.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM D. DREWRY

Name of Person

at **609 953-1400 EXT. 136**

Area Code & Daytime 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**

FILED
13 JUL 15 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIBERTY PEST MANAGEMENT SERVICES FRANCHISING, 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 12/18/2009 and assigned Florida document number L09000120463.

This amendment is submitted to amend the following:

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

LIBERTY FRANCHISING LLC

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

_____, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing 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"/> Add
		_____	<input type="checkbox"/> Remove

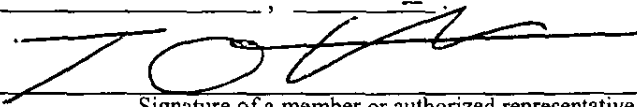
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated _____



7/11/13

Signature of a member or authorized representative of a member

TODD OIFER, MANAGING MEMBER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00