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EXAMINER



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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: PIONEER ENVIRONMENTAL SERVICES AND TERMITES

Name of Limited Liability Company

The enclosed Articles o	f Amendment and fee(s) are sub	ruitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	2010 APR -5 TALLAHASS
	R	ICHARD D. DANLEY	
		Name of Person	SSEE P
	RICHARI	D. DANLEY ACCOUNTIL Firm/Company	PH 12: 46
	2103	 LIVE OAK BLVD SUITE A	ATT FOR THE PROPERTY OF THE PR
		Address	
	SAINT CLOUD, FL 34771 City/State and Zip Code		
		ard@richarddanley.com	
For further information	concerning this matter, please of	•	(Content)
JAYNE CLAYTON		at (863)	557-3364
Name	of Person	Area Code & Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
₹25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/COUR Registration Secti	
Division of Corporations P.O. Box 6327		Division of Corpo Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PIONEER ENVIRONMENTAL SERVICES AND TERMITES, 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 Lia	bility Company were filed on	02/24/10	and assigned
Florida document numberL10000021	116		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company here	:	ZOIL API
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compan	y," the designation	SER S M
Enter new principal offices address, if applica	ble:		mg 3 0
(Principal office address MUST BE A STREET	ADDRESS)		5.5
			€ ₹ 6
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	OX)		
			- -
B. If amending the registered agent and/o registered agent and/or the new registered off		ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Ente	er Florida street a	ddress
		, 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> Add ress Type of Action **MGRM CAMERON CLAYTON** 4901 E. HINSON AVE Add Remove HAINES CITY FL 33844 Remove DbA 🔲 ☐ Remove ☐ Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 3 2010 Dated_ Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

JAYNE CLAYTON

Filing Fee: \$25.00