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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sec Division of Corp		表 · · · · · · · · · · · · · · · · · · ·	
CHA		Environmental Services	& Termites LLC	
SUBJ	ECI:	Name of Lim	ited Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Jayne Clayton		
			Name of Person	
		Pioneer Environmen	ital Services & Termites LL	С
			Firm/Company	
		4901 E Hinson Ave		
			Address	
		Haines City, Florida,	, 33844	
			City/State and Zip Code	
		pioneerenvironmenta		
		E-mail address: (to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please co	all:	
Jayr	e Clayton		863 353-7959	
	Name of	Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	e following amount:		
□ \$2	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

Pioneer Environmental Services & 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 Liability Company were filed on $\underline{04/24/20}10$ and assigned Florida document number L10000021116 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Pioneer Environmental Landscaping Services L.L.C. 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 Corte 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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
			□ Add
			□ Remove
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he date this document is filed by the Florida Department of State) December 3rd 2014	·	,	
he date this document is filed by the Florida Department of State) Oated December 3rd 2014			
December 3rd 2014.			
Dated December 3rd 2014.			
Dated			
Dated			(optional) than 90 days after
1. Clay	Dated December 3rd	2014	
Signature of a member or authorized representative of a member		1. Clay	
		Signature of a member or authorized representative of a mo	mber
Jayne Clayton	Javne Clayton	\smile	

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Filing Fee: \$25.00

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