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EXAMINER

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TILL SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C	Section Corporations ''		*
SUBJECT:	Florida Pest	Control Center LLC	
SUBJECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
		Diane Howard Name of Person	
		Diane Howard, Esq. Firm/Company	
		4517 SW 38 Terrace Address	
		Dania Beach FL 33312 City/State and Zip Code	·
	E-mail address: (ames5231@live.com to be used for future annual report notifi	cation)
For further information	concerning this matter, please of	call:	
Jim Staton Name of Person		at (954) Area Code & Daytime	691-7249 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)	Section 10

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

Flor (<u>Name of the Limite</u> (ida Pest Co	ntrol Cent	er LLC	records.)			
(A Florida Limited	Liability Com	pany)				
The Articles of Organization for this Limited I	_iability Compar	ny were filed o	n <u>17 Sept</u> e	ember 20	10_ an	id assi	gned
Florida document numberL1000009	7357						
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited lia	bility compa	ny here:				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lin	mited Liability	Company," the c	lesignation	"LLC" or	r the at	 breviation
Enter new principal offices address, if appli	cable:		* * **********************************				
(Principal office address MUST BE A STRE	ET ADDRESS)	same					
							<u> </u>
Enter new mailing address, if applicable:							
Mailing address MAY BE A POST OFFICE	BOX)	same					
					-		
B. If amending the registered agent and registered agent and/or the new registered o			on our reco	rds, <u>enter</u>	the nar	me of	the new
		<u> </u>			TALSE		
Name of New Registered Agent:	same				AR A	¥	
New Registered Office Address:	same		Enter Floria	da atuant an	ASSE	لمُــــ	Contracting Contracting
			Enter Florid		S. S.		m
		City	,	Florida	REip	<u>द्</u> ग Co de	<u> </u>
New Registered Agent's Signature, if changing	Registered Agen	t:			Ĭ.		

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 = N	Tanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Dick Pfenniger	4613 SW 37 Avenue Fort Lauderdale FL 33312	_ ☑ Add _ ☐ Remove _
MGRM	Doris Pfenniger	4613 SW 37 Avenue Fort Lauderdale FL 33312	✓ Add ☐ Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
<u> </u>			_
			· - -
Dated	28 April , 2	m C. for fullet /MGRM	
	Signature of a member	er or authorized representative of a member	·
	Diane Howar	rd, Registered Agent, MGRM d or printed name of signee	_

Page 2 of 2

Filing Fee: \$25.00