

L100000100568

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CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 14 2011
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SPRAY SCAPES PEST MANAGEMENT, 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:

DON DAVIS

Name of Person

Firm/Company

14149 SE 95 TH AVE

Address

SUMMERFIELD, FLORIDA 34491

City/State and Zip Code

SCOTT@SPRAYSCAPESFL.COM

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

For further information concerning this matter, please call:

DON DAVIS

Name of Person

at (352) 454-6122

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

11 OCT 13 PM 12:07
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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

SPRAY SCAPES PEST MANAGEMENT, 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 09.27.2010 and assigned
Florida document number L10000100568.

This amendment is submitted to amend the following:

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

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)

14149 SE 95TH AVE

SUMMERFIELD, FLORIDA 34491

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SPRAY SCAPES PEST MANAGEMENT, LLC

P.O. BOX 388

WEIRSDALE, FLORIDA 32195

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:

DON DAVIS

New Registered Office Address:

14149 SE 95TH AVE

Enter Florida street address

SUMMERFIELD


City

, Florida 34491

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>
MGR	WILLIAM W. JONES	15999 SE 36TH AVE SUMMERFIELD, FLORIDA 34491	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	MARK W. FINN	5216 SE 44TH CIR OWALA, FLORIDA 34480	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DON DAVIS	14149 SE 95TH AVE SUMMERFIELD, FLORIDA 34491	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kim Davis	14149 SE 95TH Ave Summer Field, Florida 34491	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

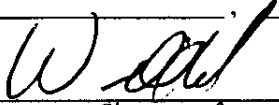
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

BUSINESS WAS SOLD TO DON DAVIS

11 OCT 13 PM 07
CLERK OF DISTRICT
TALLAHASSEE, FLORIDA

Dated

10-7-11



Signature of a member or authorized representative of a member

WILLIAM W. JONES

Typed or printed name of signee