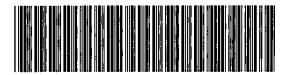
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J. SAULSBERRY EXAMINER

FEB 14 2012

### **COVER LETTER**

TO:	Registration Section , Division of Corporations
SUBJI	ECT: Quantum Pest Pro LLC  Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mick Wilmox Name of Person
	Debbie's Accountry Service, Irc
	3575 Southside Blud
	· · · · · · · · · · · · · · · · · · ·
For fur	E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:  Alia Colombia  at (add 733-4547
	Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$25	5.00 Filing Fee \$\ \text{Solutions Filing Fee & Solutions Status} Solutions Filing Fee & Solutions Status & Certificate of Status & Certificate of Status & Certified Copy Status & Certified Co

### MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Quantum Pest	- Pro	LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now a d Liability Comp	ppears on our re	ecords.)	<del></del>
The Articles of Organization for this Limited Liability Compa		10/0	- 1100	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability compan	<u>y here</u> :		
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability C	ompany," the des	signation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:			<del></del>	
(Principal office address MUST BE A STREET ADDRESS)			SEC.	2012
			RE A	B TI
			SEE.	ω <u></u>
Enter new mailing address, if applicable:				- T)
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<del></del>	97	<u> </u>
	<del></del>		50	84
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		on our record	is, <u>enter the n</u>	ame of the ne
Name of New Registered Agent:				
New Registered Office Address:		Enter Florido	street address	<u> </u>
		Emer Frontau	I DIT CET MUNI COD	
	C'4	, F	Florida	in Code
	City		Z1	n coae

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 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 Type of Action Address <u>Title</u> <u>Name</u> ☐ Add Remove MGR Sowell, Louis MGR Goodne Nathan Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) current members Typed or printed name of signee

Page 2 of 2 Filing Fee: \$25.00