#1/000107764

(Re	equestor's Name)	······································		
(Ad	ldress)			
(Ad	Idress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



600214131376

11/16/11--01007--018 **25.00

FILED
11 NOV 16 PM 2: 21
SECRETARY OF STATE
ANASSEE, FLORID

K.SALY EXAMINER NOV 17 2011

COVER LETTER

	ation Section of Corporations
SUBJECT:	Impact Pest Solutions , LLC
	Name of Limited Liability Company
The enclosed Ar	icles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Michael Macaluso
	Name of Person
	Firm/Company
	1509 Shirley Court
	Address
	Lake Worth, FL 33461
	City/State and Zip Code
	macalusofam@yahoo.com E-mail address: (to be used for future annual report notification)
For further infor	nation concerning this matter, please call:
	Michael Macaluso at (561) 906-5625
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a che	ck for the following amount:
▼ \$25.00 Filing	Fee \$\int_{\$30.00}\$ Filing Fee & \$\int_{\$55.00}\$ Filing Fee & \$\int_{\$60.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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**

11 NOV 16 PM 2: 21

Ir	npact Pest S	olutions, L	LC	TALLAH	ARY OF STATE	
(Name of the Limite	d Liability Compa A Florida Limited	iny as it now ap Liability Compar	pears on our ly)	records.)	FLORIDA	
The Articles of Organization for this Limited I	Liability Company	were filed on	Septemb	per 20, 2011	and assigned	
Florida document number L1100010	7764					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liab	oility company	here:			
On	A Mission Pes	t Solutions, L	.LC			
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Co	mpany," the	designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:		NO CHANGE				
(Principal office address MUST BE A STRE	ET ADDRESS)	<u></u>				
Enter new mailing address, if applicable:		NO CHAN	GE			
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	office address her					
Name Description of Office Address	NO CHANG	`F				
New Registered Office Address:	110 OFFICE	<u> </u>	Enter Flori	ida street addre	SS	
				. 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>	Name	<u>Address</u>	Type of Action
MGR	Michael Macaluso	NO CHANGE	Add Remove
<u>MGR</u>	Christian Macaluso	NO CHANGE	Add Remove
			Add Remove
•			Add Remove
			Add Remove
	_		Add Remove
D. If an	- ·	ange(s) here: (Attach additional sheets, if necessary.)	
		me is changing. The registered agent tually the same exact people as original filing;	-
	we are just correcting the misspe		_
Dated	November 11,	<u>2011</u> .	-
	Signature of a me	mber or authorized representative of a member	ruur säälikkinuur yakii ka
	•	Christian Macaluso /ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00