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Division of Corporations

# Elorida Denartment of State

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Account Number : I20200000193 Phone : (352)622-1811 Fax Number : (352)622-1866

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Email Address: Tommy@permenterlaw.com



#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REGAL TERMITE AND PEST CONTROL, LLC

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## H240001072543

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

#### REGAL TERMITE AND PEST CONTROL, 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 April 17, 2012 and assigned Florida document number L12000052759.

This amendment is submitted to amend the following:

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

#### RLBK ENTERPRISES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company", the designation "LLC" abbreviation "LLC."

Enter new principal office address, if applicable:

5541 W. Anthony Road \_ Ocala, Florida 34475 =

Enter new mailing address, if applicable:

5541 W. Anthony Road Ocala, Florida 34475

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:

5541 W. Anthony Road Ocala, Florida 34475

## New Registered Agent's Signature, if changing Registered Agent:

I nereby certify 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 dulies, 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

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C. If Amend	ling Authorized Person(s) a ach person being added or i	authorized to manage, enter the removed from our records:	title, name, and	
MGR = Mana AR = Auth	ager orized Representative			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Charlotte Gayle Rivera	5541 W. Anthony Road Ocala, Florida 34475	Add Remove Change	
MGR	Erwin O. Rivera	5541 W. Anthony Road Ocala, Florida 34475	☐ Add ☐ Remove ☐ Change	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
(If an effective of filing.) Pursuan requirements, the If the record spiday after the record spiday af	tio 605,0207(3)(b). <u>Note:</u> If the data his date will not be listed as the docu edifies a delayed effective date, but cord is filed.	of filling:	State's records.	
Dated <u>[V]/</u> /	lii olla	Clusauthorized representative of a member	r	
E	RWIN O. RIVERA Typed or	printed name of signee	<del></del> .	

Filing Fee: \$25.00

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