(Re	questor's Name)	
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Certified Copies	_ Certificate	es of Status

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A. LUNT

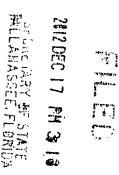
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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section
Division of Corporations

PREMIER CHOICE PEST CONTROL, 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:

P. Todd Kennedy

Name of Person

The Kennedy Law Firm, P.L.

Firm/Company

1675 Palm Beach Lakes Blvd., #700

Address

West Palm Beach, FL 33401

City/State and Zip Code

kennedy@kennedypllaw.com

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

For further information concerning this matter, please call:

P. Todd Kennedy

561 683-2484

Name of Person

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CHOICE PEST CONTROL			
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on da Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability	y Company were filed on Noven	nber 14, 2012	and assigned	
Florida document number L12000143929	·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company here:			
The new name must be distinguishable and end with the v	words "Limited Liability Company,"	the designation #LL	C"or the abbrevia	
"L.L.C."		اس جس رخ نهنا	<del>Z</del>	
Enter new principal offices address, if applicable:		AH.		
(Principal office address MUST BE A STREET AD	DRESS)	(5.38 6) 20	action tables	
		∵1 <sub>4,7</sub>	79 [1]	
			The second second	
Enter new mailing address, if applicable:			Antico	
		Su <sub>i</sub> (FT)	_ <del>F</del>	
(Mailing address MAY BE A POST OFFICE BOX)	<del>_</del>			
		<del></del>	<del></del> -	
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		records, enter the	e name of the i	
registered agent and/or the new registered office an	uuress nere.			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, 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>	<u>Name</u>	Address	Type of Action
MGRM	Michael Miebach	6560 Wild Orchid Trail	Add
	·	Lake Worth, FL 33467	Remove
MGRM	Premier Choice Holdings Ltd	6560 Wild Orchid Trail	
		Lake Worth, FL 33467	Remove
			Add
		17 (2) (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	Remove
		( ) 明 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Add
			Remove
			Add
			Remove
•			Remove

If ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
ed _	December 13, 2012.
	Signature of a member or authorized representative of a member
	Michael Miebach, Auth Rep of Member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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