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LAW OFFICES of MARK H. RUFF, P.A.

165 Sabal Palm Drive, Suite 135, Longwood, FL 32779
Phone: 407.951.6679 | Fax: 407.951.6678

Mark H. Ruff, Esquire
mark@mhrlaw.com

Leslie Thomas, Esquire
leslie@mhrlaw.com

June 25, 2024

Via USPS Priority Mail

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

Re: Amendment to Articles of Organization
Document No. L13000131323
Venom Pest Control LLC

Dear Sir or Madam,

Enclosed herewith for processing please find the documents necessary to facilitate the aforementioned company name change, which include:

- Cover Letter (Standard),
- Articles of Amendment to Articles of Organization of Venom Pest Control LLC, and
- Check No. 5143, totaling \$ 25.00 to cover the filing fee.

Thank you in advance for your assistance.

Please contact me with any questions or concerns.

Respectfully submitted,

A handwritten signature in cursive script that reads "Lillian Garcia".

Lillian Garcia, Paralegal,

On behalf of Mark H. Ruff, Esq.

/lg
Enc.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VENOM 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:

Mark H. Ruff, Esq.

Name of Person

The Law Offices of Mark H. Ruff, P.A.

Firm/Company

165 Sabal Palm Drive, Suite 135

Address

Longwood, Florida 32779

City/State and Zip Code

efilings@mhrlaw.com

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

For further information concerning this matter, please call:

Mark Ruff, Esq.

407 951-6679

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

VENOM 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 09/17/2013 and assigned Florida document number L13000131323.

This amendment is submitted to amend the following:

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

METAMONEVA LLC

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

Enter new principal offices address, if applicable:

716 Barefoot Bay Loop, Groveland, FL 34736

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

716 Barefoot Bay Loop, Groveland, FL 34736

(Mailing address MAY BE A POST OFFICE BOX)

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:

David A. Leasing

New Registered Office Address:

716 Barefoot Bay Loop

Enter Florida street address

Groveland

Florida 34736

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DAVID A. LESSING	716 Barefoot Bay Loop	<input checked="" type="checkbox"/> Add
		Groveland, FL 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAVID A. LESSING	716 Barefoot Bay Loop	<input checked="" type="checkbox"/> Add
		Groveland, FL 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	DAVID A. LESSING	614 E. HWY 50, SUITE 214	<input type="checkbox"/> Add
		CLERMONT, FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	K. ELIZABETH LESSING	716 Barefoot Bay Loop	<input checked="" type="checkbox"/> Add
		Groveland, FL 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	K. ELIZABETH LESSING	716 Barefoot Bay Loop	<input checked="" type="checkbox"/> Add
		Groveland, FL 34736	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	K. ELIZABETH LESSING	614 E. HWY 50, SUITE 214	<input type="checkbox"/> Add
		CLERMONT, FL 34711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 20 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00