## L17000 164506

(Requ	estor's Name)	
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## **COVER LETTER**

	ation Section (a control of the cont	
SUBJECT:	BEYOND PESTICIACS LLC Name of Limited Liability Company	
The enclosed Art	icles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Willman CHANDLE	_
	Name of Person	
	Name of Person  PLOPERTY 340, UC  Firm/Company	_
	2344 Country Side Dr	<del></del>
	Fleming Island FL 3200	3
	Fleming /s/acce FL 3200.  Chy/State and Zip Code  W/Acader BBB @ 9 Mai/, Com  E-mail address: (to be used for future annual report notification)	
For further inforr	nation concerning this matter, please call:	
Will		
	Name of Person Area Code Daytime Telephone Number	er .
Enclosed is a che	ck for the following amount:	
\$25.00 Filing	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	ate of Status &

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

BEYOND PESTICI	des, lle	
	pany as it now appears on our records.) [Liability Company]	
The Articles of Organization for this Limited Liability Company Florida document number 4/3000/64/506.	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lia		
Enter new principal offices address, if applicable:	5000-18 USHWY/ Suite 203	7 <b>ム</b>
(Principal office address MUST BE A STREET ADDRESS)	Suite 203 Flexions 15 land,	FL 32003
Enter new mailing address, if applicable:	5000-18 US Huny 17	۲۵
(Mailing address MAY BE A POST OFFICE BOX)	Suite 203 Flexing Island	FL 32003
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		r the name of the nev
Name of New Registered Agent:		527
New Registered Office Address:		
	Enter Florida street address	55 C
	, Florida	- Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
		5 /5 Cm

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>e</u>	<u>Name</u>	Address 75 (4 703 Type of Acti
2	PROPERTY 360, UC	Flexing /s/and, Fr 32003 WAdd
	,	Willara Chardle Premove
		Address Soco-B US Hay 175, the 203 Type of Act Flewing Is land, Fr 32003 MAD  Williams Chardles Premove  Grathia Chardles & Remove
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degust 25 2014	
Cotton Cotton	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00