

L14000035757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

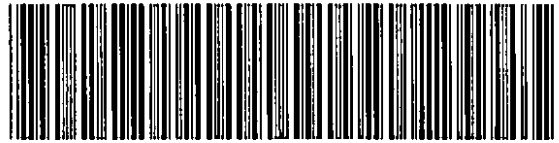
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Wrong Form

Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 AUG 30 PM 12:40

Amend

SEP 06 2018

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ideal Pest Solutions, 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:

Jason Fleming  
Name of Person

Ideal Pest Solutions, LLC  
Firm Company

1279 Winter Garden Vineland Rd. Unit 240  
Address

Winter Garden, FL 34787  
City/State and Zip Code

jason@idealps.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virnet Fleming at (407) 765-1724  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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CORPORATIONS  
JUN 20 2006 PM 12:40



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2018

JASON FLEMING  
IDEAL PEST SOLUTIONS, LLC  
1279 WINTER GARDENS VINELAND, SUITE 240  
WINTER GARDENS, FL 34787

SUBJECT: IDEAL PEST SOLUTIONS, LLC  
Ref. Number: L14000035757

We have received your document for IDEAL PEST SOLUTIONS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 318A00017040

RECEIVED  
18 AUG 30 PM 2:17  
SECRETARY OF  
TALLAHASSEE

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Ideal Pest Solutions, 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 03/03/2014 and assigned Florida document number L14000035757.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

Rachael Casey

New Registered Office Address:

1532 N. Fullers Cross Rd.

Enter Florida street address

Winter Garden

City

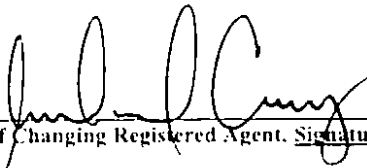
Florida

34787

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>
CEO	Virnetta Fleming	1279 Winter Garden Vineland	<input type="checkbox"/> Add
		Unit 240	<input type="checkbox"/> Remove
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 26, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signee