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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Mosquito Jo	oe East Florida PBC LLC	•	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	 Amendment and fee(s) are subr	nitted for filing.	
	ndence concerning this matter t		
		·	•
	Patrick DiSalvo	,	· .
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	DiSalvo & Associates, PLL	.C	
•		Firm/Company	
	1760 N Jog Road, Suite 15	0	
		Address	
	West Palm Beach, FL 3341		
		City/State and Zip Code	
	pdisalvo@d-acpa.com	,	
	E-mail address: (to be used for future annual report notif	cation)
For further information of	concerning this matter, please ca	all:	
Patrick DiSalvo		561 659-1177	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)

TO:

Registration Section **Division of Corporations**

> 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

Mosquito Joe East Florida PBC LLC	
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con	npany were filed on 03/31/2014 and assigned
Florida document number L14000052354	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
PBC Mosquito Control LLC	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5554 Garden Ave
(Principal office address MUST BE A STREET ADDRE	West Palm Beach, FL 33405
<i>*</i>	
Enter new mailing address, if applicable:	5554 Garden Ave
(Mailing address MAY BE A POST OFFICE BOX)	West Palm Beach, FL 33405
·	,
	red office address on our records, enter the name of the
registered agent and/or the new registered office addre	ss here:
Name of New Registered Agents N/A	
Name of New Registered Agent: N/A	
New Registered Office Address:	<u> </u>
200	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 a	nd agree to act in this capacity. I further agree to comply with

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

Page 1 of 3

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	Membe

<u>Title</u>	Name	Address	Type of Action
		N/A	
			Remove
		· .	Change
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			Remove
		<u> </u>	Change
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Page 3 of 3

Filing Fee: \$25.00