

Office Use Only



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SEP 1 2018

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	PEST MAN	AGEMENT OF FLORIDA, L	LC	
objr.c1.			ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing	
		ndence concerning this matter	_	
riease return	ran correspo	ndence concerning this matter	to the following.	
		ROBERT T ODOM		
			Name of Person	
	PEST MANAGEMENT OF FLORIDA, LLC			
	Firm/Company			
	1528 HAWAIIAN PALM LANE			
	Address APOPKA, FL 32712			
			City/State and Zip Code	
		americataxservices@gmail.		
			to be used for future annual report notifi	eation)
For further in	nformation co	oncerning this matter, please co	all:	
ROBERT T	ODOM		407 620-7468	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F		□ \$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:

TO: Registration Section

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

PEST MANAGEMENT OF FLORIDA, LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on our rec ability Company)	ords.)
The Articles of Organization for this Limited Liability Company v	vere filed on 02/06/2015	and assigned
Florida document number L15000023054		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
		60
The new name must be distinguishable and contain the words "Limited Liabili	y Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		一 等 产
(Principal office address MUST BE A STREET ADDRESS)		
		PH U
		7
Enter new mailing address, if applicable:		<u>्र</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		ords, enter the name of the new
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, vovided for in Chapter 60	, and I am familiar with and 15, F.S. Or. if this document is

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>	Type of Action
AMBR	ODOM,SEANALEA	1000 VIZCAYA LAKES	
		0.00000 111 0.0000	= Add
		OCOEE, FL 34761	Remove
			
			Change
			Remove
			☐ Change
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			□ Remove
			Remove
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ective date, if other than to effective date is listed, the date te: If the date inserted in this nument's effective date on the	i block does not mee	t the applicable sta	of filing or more than 9 atutory filing require	(optional) Days after filing.) ments, this date v	Pursuant to 605.020 will not be listed a
record specifies a delath The 90th day after the r		e, but not an ϵ	effective time, at	12:01 a.m. c	on the earlier o
ed 09/13		2018			
Rix -	1)/				

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Typed or printed name of signee

Filing Fee: \$25.00