

L15 000037364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

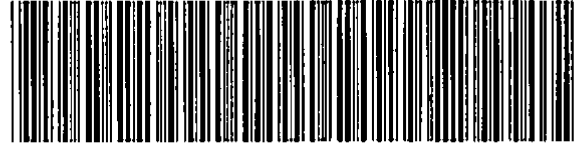
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800385495098

04/15/22--01006--022 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 APR 15 PM 3:18

T. MATTHEWS

MAY 10 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Native Pest Management, 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:

Luke Lewis

Name of Person

Native Pest Management, LLC

Firm/Company

2420 Lakeshore Drive

Address

Tallahassee/Florida 32312

City/State and Zip Code

Luke@nativepest.com

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

For further information concerning this matter, please call:

Luke Lewis

561

389-5531

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Native Pest Management, LLC

22 APR 15 PM 3:19

(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 2/27/2015 and assigned Florida document number LI5000037364.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2420 Lakeshore Drive

Tallahassee, Florida 32312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2420 Lakeshore Drive

Tallahassee, Florida 32312

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:

New Registered Office Address:

2420 Lakeshore Drive

Enter Florida street address

Tallahassee

City

, Florida 32312

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	Luke Lewis	2420 Lakeshore Drive	<input type="checkbox"/> Add
		Tallahassee, FL 32312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Caitlin Lewis	2420 Lakeshore Drive	<input type="checkbox"/> Add
		Tallahassee, FL 32312	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Daniel Ryan	2731 Vista Pkwy	<input type="checkbox"/> Add
		Unit D5	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33411	<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

(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)(l)

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.

[Handwritten signature]

Luke Lewis

Filing Fee: \$25.00