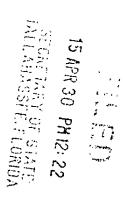
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COVER LETTER

TO: Registration Se Division of Cor			
	ST CONTROL "LLC"		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondent	ondence concerning this matter to	o the following:	
	JANINE DAVIS		
		Name of Person	
	ICARE PEST CONTROL "	'LLC"	
		Firm/Company	
	3320 MIDDLESEX DR		
		Address	
	SPRING HILL FL 34607		
		City/State and Zip Code	<u> </u>
	icarepestcontrol@yahoo.com		
	E-mail address: (to	be used for future annual report notifi	cation)
For further information of	concerning this matter, please cal	II:	
Janine Davis		352 683-1337	
Name of Person at () Area Code Daytime Telephone Numb		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)

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

ICARE PEST CONTROL "LLC"		
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on April 23, 2015	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or	registered office address on our records, enter	on the name of the name
registered agent and/or the new registered office		The manne of the new
		ORE T
Name of New Registered Agent:		82 8 re-
New Registered Office Address:	Enter Florida street address	
		25 25 Ed.
-	, Florida,	Zlp 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>	Address	Type of Action
ANBR	CHRISTOPHER R THRONTON	3320 MIDDLESEX DR	
		SPRING HILL FL 34607	■ Remove
			Change
AMBR	CHRISTOPHER R THORNTON	3320 MIDDLESEX DR	Add
		SPRING HILL FL 34607	□ Remove
			☐ Change
			□ Remove
			Change
			Add 15 Remove ASS COPH R
			O Remove
			Change
			□ Add
			□ Remove
			☐ Change

, 11 4 111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an e Note:	tive date, if other than the date of filing:	95.0207 (3) sted as the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	ier of:
Dated	4-28-15	
	Signature of a member or authorized representative of a member	
	Christopher Thornton Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00