(Re	equestor's Name)	-
(Ad	ldress)	
(Ac	ddress)	
(Cil	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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NOW ?? PARRIE

COVER LETTER

	gistration Sec vision of Corp			
		IENTAL PEST SERVICE M	ANAGEMENT COMPAN	Y, LLC
SUBJECT:	·	Name of Limi	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please retur	n all correspon	dence concerning this matter	to the following:	
		Carrie Melchar		
			Name of Person	
		Paracorp Incorporated		
			Firm/Company	
		2804 Gateway Oaks Dr Sto	: 200	
			Address	
		Sacramento, CA 95833		
			City/State and Zip Code	
		cmelchor@myparacorp.com		
		E-mail address: (t	o be used for future annual rep	oort nothication)
For further i	information co	scerning this matter, please ca	D;	
Corrie Melo	chor		888 418-8	Daytime Telephone Number
	Name of I	Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the	following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclased)

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

November 7, 2017

CORRIE MELCHOR PARACORP INCORPORATED 2804 GATEWAY OAKS DR STE 200 SACRAMENTO, CA 95833

SUBJECT: ENVIRONMENTAL PEST SERVICE MANAGEMENT COMPANY,

Division of Corporations

LLC

Ref. Number: L15000203287

We have received your document for ENVIRONMENTAL PEST SERVICE MANAGEMENT COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please indicate type of action for each person/business.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

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Letter Number: 317A00022575

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TEALS.



October 18, 2017

PARASEC 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

SUBJECT: ENVIRONMENTAL PEST SERVICE MANAGEMENT COMPANY,

LLC

Ref. Number: L15000203287

We have received your document for ENVIRONMENTAL PEST SERVICE MANAGEMENT COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. 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) 245-6051.

Jenna D Harris Regulatory Specialist II

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Letter Number: 417A00021042

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ENVIRONMENTAL PEST SERVICE MAN	NAGEMENT COMPANY, LLC	
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our record limited Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liability C		
Florida document number L15000203287		
	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NO En
(Principal office address MUST BE A STREET ADDI		
(Principal Office dainess 1905) BE A BYNEET HOSE		C)
		C4
D		··· - ;
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		(*)
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our record ress here:	is, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	522
	F	lorida
سده به هفت <u>.</u> ه	City	lorida

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
Member	Environmental Pest Services Holdings LLC	5670 W. Cypress St Ste B Tampa, FL 33607	K Add
			Remove
			□ Change
CFO & Member	David Bradford	5670 W. Cypress St Ste B Tampa, FL 33607	E CAdd
			□ Remove
			Change
VP	Michael Rolman	5670 W. Cypress St Ste B Tampa, FL 33607	X (Add
			O Remove
			☐ Change
Member	Kenneth D. Hooten	5670 W. Cypross St Ste B Tampa, FL 33607	□ Add
			☐ Remove
			Change
Member	George D. Pickhardt	5670 W. Cypress St Ste B Tampa, FL 33607	□ Add
		 	⊞ Remove
			☐ Change)
Member	Robert Swartz	5670 W. Cypress St Ste B Tampa, FL 33607	D Add [7]
			C∃ ☐ Remove
			□ Change

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
Member	Paul J Feiker JR.	5670 W. Cypress St Ste B Tampa, FL 33607	D Add
			■ Remove
			Change
Member	William Hurd	5670 W. Cypress St Ste B Tampa, FL 33607	□ Add
			■ Remove
			D Change
Member	Nick Sayers	5670 W. Cypress St Ste B Tampa, FL 33607	□ Add
			■ Remove
			☐ Change
			D ∧dd
			☐ Remove
			□ Change
			□ Add: 1
			□ Remove
			☐ Change
			☐ Add ^{ke}
			☐ Remove
			□ Change

ed October 30 , 2017			
ective date, if other than the date of filing: (optional) (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 603.6 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed unnent's effective date on the Department of State's records. (record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the 90th day after the record is filed. (October 30 2017 Signature of a member or furtherized representative of a member			
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Page 3 of 3

Filing Fee: \$25.00