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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

GREEN PE	EST SERVICES, PLLC				
3000ECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Shane C. Green				
	-	Name of Person			
	Green Pest Services, PLLO				
		Firm/Company			
	2543 S.W. Altosta Street				
		Address			
	Port St. Lucie, FL 34953				
		City/State and Zip Code			
	greenshane1987@gmail.co				
		to be used for future annual report	notification)		
For further information c	oncerning this matter, please c	all:			
Shane C. Green		772 528-5839			
Name o	f Person	at () Area Code Da	ytime Telephone Number		
Enclosed is a check for the	ne 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 Addres		Street Address			
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
P.O. Box 632			of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREEN PEST SERVICES, PLLC		<u> </u>
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our record imited Liability Company)	<u>(5.)</u>
The Articles of Organization for this Limited Liability Co.	mpany were filed on February 15, 2016	and assigned
Florida document number L16000031912		7
This amendment is submitted to amend the following:		ά. 2.
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	ris .
	C 1.	orida
	, Fr	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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		 -	
			☐Change
			Remove
			☐ Change
			□Add
			Remove
			□ Change

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Signature of a member or authorized representative of a member			Signature of a	member or auti	orized repre	esentative of a	member		
mad f mana	n•	e C. Green		Tu	tud nossu : P	ularan			
Shane C. Green Typed or printed name of signee				- i yped or prin	ica name of	signee			

Filing Fee: \$25.00