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## **COVER LETTER**

### TO: Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: <sub>-</sub>	Termite Co	mpany and Environmental Pair	nting Srvices, LLC	
301301.01. <sub>-</sub>		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filling.	
Please return :	all correspo	ndence concerning this matter	to the following:	
		Natalya Vasko		
			Name of Person	
		Termite Company and Env	irnmental Painting Services, LLC	
			Firm Company	
		P.O. Box 15		702
			Address	
		Riverview, FL 33568		2021 JAN 25
			City/State and Zip Code	
		trintcom@aol.com  F-mail address: (	to be used for future annual report no	nification)
For further in	formation c	oncerning this matter, please ca	·	.11 =
Natalya Vask	0		8t3 323.0828	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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)
	ing Addres		Street Address: Registration So	ection
Div	ision of C	orporations	Division of Co	rporations
P.O	. Box 632	.7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	es, LLC nv as it now appears on our r	ecords.)		
(A Florida Limited I	Liability Company)	· · · · · · · · · · · · · · · · · · ·		
he Articles of Organization for this Limited Liability Company	were filed on 03/14/2016	and assigned		
orida document number 1.16000051589				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited liab	ility company here:			
ax Company and Economic Professional Services, LLC				
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."		
nter new principal offices address, if applicable:	5618 Pinnacle Heights Ci	r.		
Principal office address MUST BE A STREET ADDRESS)	Tampa, Fl. 33624	~		
		72		
nter new mailing address, if applicable:		ि ह		
Mailing address MAY BE A POST OFFICE BOX)		70 111		
maning duaress may be a rost of the body	· · · · · · · · · · · · · · · · · · ·	7.3 7.		
		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
. If amending the registered agent and/or registered office a	nddress on our records, e	nter the name of the new regi		
gent and/or the new registered office address here:				
Name of New Registered Agent:	<del></del>			
New Registered Office Address:				
New Registered Office Address.	Enter Florida street a	nddress		
	, Florida			
<del></del>	City	, Fiorida Ziv 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 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>	Name	<u>Address</u>	Type of Action
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			□Remove
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot b	/2021		(optiona	1)	
effective date is listed, the date must be specific and cannot be <u>c:</u> If the date inserted in this block does not meet the	e prior to date of I applicable statu	filing or more than 9 tory filing require	0 days after filir ments, this da	ig.) Purs te will i	uant to 605.02 not be listed
ument's effective date on the Department of State's re					
cord specifies a delayed effective date, but not an effect filed.	tive time, at 12	:01 a.m. on the ea	rher of: (b)	The 90t	h day after th
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Signature of a member of	or authorized repr	esentative of a men	iber		