## L16000080598

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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## **COVER LETTER**

	vision of Cor			
SUBJECT:		Bug Experts LLC		
SUBJECT.		Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are sub	•	
		Christene Malley		
			Name of Person	<u>.</u>
		Florida Bed Bug Experts		
			Firm/Company	
		5230 Land O Lakes Blvd.	Unit 2252	
			Address	
		Land O Lakes, FL 34639		
			City/State and Zip Code	<del></del>
		info@floridabedbugexperts	.com to be used for future annual report notifi	eation)
For further	information c	oncerning this matter, please co	·	Carlony
Christene M	Malley		813 433-3484 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	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 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

Florida Bed Bug Experts LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Thermal Service Solutions LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	21731 SR 54	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)	#16	23-7 Zan		
	Lutz, FL 33549	S≥ <b>No</b> "		
Enter new mailing address, if applicable:	DBA FL Bed Bug Experts			
(Mailing address MAY BE A POST OFFICE BOX)	5230 Land O Lakes Blvd. Unit 2252			
	Land O Lakes, FL 34639	9		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		the name of the new		
	, Florida			
<del> </del>	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and r, if this document is		

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 Me	ember		

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Title	Name	Address	Type of Action
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ctive date, if other than the date	of filing:	(op	tional)
ffective date is listed, the date must be sp	ecific and cannot be prior to date of	filing or more than 90 days at	ter filing.) Pursuant to 605
If the date inserted in this block do ment's effective date on the Departn	nes not meet the applicable statu ment of State's records.	nory ming requirements, t	nis date will not be list
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Page 3 of 3

Filing Fee: \$25.00