L16000091061

Florida Department of State
Division of Corporations
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(((H16000131409 3)))

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BUGGED - OUT PEST & WEED CONTROL, PLLC

Certificate of Status	0
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JUN 03 2016

S. YOUNG

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BUGGED - OUT PEST & WEED CONTROL, PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley
Name of Person

Legalzoom.com, Inc.
Firm/Company

101 N. Brand Blvd., 11th Floor
Address

Glendale, CA 91203
City/State and Zip Code

berg213@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Imelda Vasquez at (800) 773-0888 ext. 9724
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the 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

BUGGED - OUT PEST & WEED CONTROL, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/06/2016 and assigned Florida document number L16000091061.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

_____

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

_____

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11621 SW 9th Ct.
Pembroke Pines, Florida 33025

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City *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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Robert H. Berger	10483 NW 3rd Street	☑ Add
		Pembroke Pines, FL 33026	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State).

Dated May 25, 2016

Signature of a member or authorized representative of a member

Michael J. Berger

Typed or printed name of signer

16 JUN -2 AM 10: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00

May 31, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BUGGED - OUT PEST & WEED CONTROL, PLLC
10485 NW 3RD STREET
PEMBROKE PINES, FL 33026US

SUBJECT: BUGGED - OUT PEST & WEED CONTROL, PLLC
REF: L16000091061

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Page 3 is missing.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

FAX Aud. #: H16000131409
Letter Number: 116A00011347

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