

L16000092913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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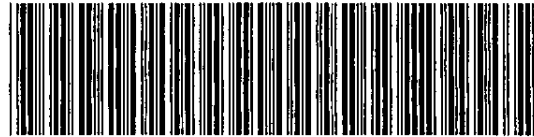
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 OCT 17 PM 3:57

OCT 17 2016  
J. HARRIS



**RAT BUSTERS**  
**141 NW 20TH STREET, SUITE G 122**  
**BOCA RATON, FL 33431**

**PHONE: (844) BYE-RATS OR (844) 293-7287**  
**EMAIL: INFO@RATBUSTERSFLORIDA.COM**  
**WEBSITE: WWW.RATBUSTERSFLORIDA.COM**

October 13<sup>th</sup>, 2016

Rat Busters  
Michael Rosen, MGR  
141 NW 20<sup>th</sup> Street  
Suite G122  
Boca Raton, FL 33431

SunBiz  
Registration Section  
Division of Corporations  
PB Box 6327  
Tallahassee, FL 32314

To Whom It May Concern,

My name is Michael Rosen and I am the MGR of Rat Busters LLC (SunBiz Document # L16000092913). I am writing this cover letter to let you know that we need to remove Matthew Rosen (AMBR) from the registration / member's section on SunBiz and please add Kevin O'Neill and Patrick J. Quinn both as AMBR's to the registration / member's section.

Enclose are the required documents for the member add / removal and check # 138 in the amount of \$30.00.

If you need any additional information, please feel free to give me a call on my cell at (561) 716-3703.

Kind Regards,

Michael Rosen, MGR  
Rat Busters  
141 NW 20<sup>th</sup> Street  
Suite G122A  
Boa Raton, FL 33431  
Cell: (561) 716-3703  
Office: (844) 293-7287

PS. - Enclosed

4 Pages + Check # 138 (\$30.00)

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RAT BUSTERS LLC  
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:

Michael Rosen  
Name of Person  
Rat Busters LLC  
Firm/Company  
20981 Windemere Lane  
Address  
Boca Raton, FL, 33428  
City/State and Zip Code  
Michael Rosen 24@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rosen at ( 561 ) 716-3703  
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**

Rat Busters LLC

(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 May 9 2016 and assigned Florida document number L16000092913.

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 contain 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)**

**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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Matthew Rosen	20981 Windemere Ln	<input type="checkbox"/> Add
		Boca Raton, FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kevin O'Neill	9800 Grand Verde Way	<input checked="" type="checkbox"/> Add
		#402	<input type="checkbox"/> Remove
		Boca Raton, FL 33428	<input type="checkbox"/> Change
AMBR	Patrick J. Quinn	11670 Timberwood Rd.	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

10/13

2016

Signature of a member or authorized representative of a member

Michael Rosen

Typed or printed name of signee

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SECRETARY OF STATE  
DEPARTMENT OF STATE