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10/24/16--01009--010 **25.00



COVER LETTER

TO: , Registration Section Division of Corporati	ions	
SUBJECT:	Rat Busters LLC Name of Limited Liability Company	
	Name of Emmed Elability Company	
The enclosed Articles of Amen	dment and fee(s) are submitted for filing.	
Please return all correspondence	te concerning this matter to the following:	
_	KEVIN O'NEILL	
_	RAT BUSTERS	LLC
	141 NW 20th St.	#G/22
	BOCA ROLON FL 33	43/
_	E-mail address: (to be used for future annual report notification	orida. com
For further information concern	ning this matter, please call:	
Name of Perso	veill at (56) 674 Area Code Daytime Tele	- 8560 phone Number
Enclosed is a check for the follo	owing amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status Certificate of Status 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 Bust	ers. LLC
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on 5916 and assigned
This amendment is submitted to amend the following:	AHAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the about intion "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)	141 NW 20th St. # 6127 Boca Paton, FL 33421
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	evin O'Neill
New Registered Office Address:	YI NW 20th St. # 6122 Enter Florida street address
<u> Boo</u>	iability Company here: Second Part Seco
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	e to act in this canacity. I further goree to comply with the

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 Title Name Address Type of Action Kevin O'Neill 9800 Grand Verde Way JAKK MGR # 402 MGR Michael Rosen 20981 Windowere Ln. Bocg Rayon FL 33428 Remove ☐ Change MGR Patrick Quinn Boca Raton, FL 33428 ☐ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change

. II AIII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Note: docur	tive date, if other than the date of filing: (optional) fective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	as th
) The	e 90th day after the record is filed.	
Dated	10/18, 2016.	
	Signature of a member or authorized representative of a member	" (3)
	Kevin D'Noill	ر برونده المحادث المحادث
	Typed or printed name of signee	17
	ORAL DESCRIPTION OF THE PROPERTY OF THE PROPER	7
	Page 3 of 3	

Filing Fee: \$25.00