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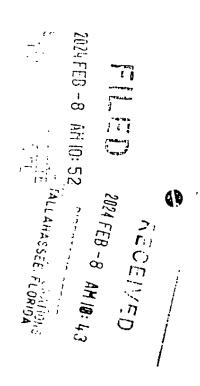
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PICK-UP	WAIT	MAIL
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Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: The Pro Shot Pas	+ Control and Lawn Car Lic
Name of Lim	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Christon	Mer L. Zoull Name of Person
Division of Corporations SUBJECT: The Pro Shot Post Control and Lawn Care CCC 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:	
1710 Co.	Address
tally blast	ins of Gneil. Cot- to be used for future annual report notification)
For further information concerning this matter, please e	all:
Chris Zunk	a1(850) 345-4/272
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
Registration Section Division of Corporations P.O. Box 6327	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED MINICARE LLC

THE POSHOT DEST C	ONTEN ARMED AND ALL
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 16 00 0 / 244</u> 89	were filed on 6/29/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile PRO-SHOT LLC The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
boter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	Idress on our records, enter the name of the new registered
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 agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and vovided for in Chapter 605, F.S. Or, if this document is
	0/1/1

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 Frances Maples	Type of Action
AMBR	BRANTLEY ALL	EN 2011 Frances Marks	_ 🗹 🗹 Ádd
		Tall, 1-1. 32310	□Remove
			□Change
AMBR	DAYLONTONES	200 Frances Maples Dr	_ IDAGU
		Tell F-1. 32310	□Remove
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an ette <u>ote:</u>	ve date, if other than the date of filing: (optional) cuve 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 605,020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
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ated ,	2 - 8 · 2 0 2 · 1 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Chr. Stopher L. Zunk Typed or printed name of signee

Filing Fee: \$25.00