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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Expel, LL Name of Lim	Cited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-		
Please return all corresp	ondence concerning this matter	to the following:	
		Cyle Waltz Name of Person	
		Name of Person	
	Exp	el, LLC Firm/Company	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	75 Znd	st. S	
		St. S Address	
		le Beach, FL.	
		City/State and Zip Code	
	14/20 fi	rs + Coas+ wildlife. Co to be used for future annual report notion	Com
			fication)
For further information	concerning this matter, please ca	all;	
Kyle	Waltz	at (904) 307 - Area Code Daytim	9411
Name	of Person	Area Code Daytim	e 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

Expel,	LLC
(Name of the Limit	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number <u>L 1 G 000 Z 3 P</u>	iability Company were filed on $\frac{17/23/2016}{434}$ and assigned
his amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	f the limited liability company here:
Expel Pest Service	vords "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
he new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:
Principal office address MUST BE A STREE	ET ADDRESS)
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE	BOX)
	מקר, מינה מינה
 If amending the registered agent and/ registered agent and/or the new registered of 	or registered office address on our records, enter the name of the notice address here:
Name of New Registered Agent:	Kuk Waltz
	77 7 1 61 5
New Registered Office Address:	Kyk Waltz 75 2nd St. 5 Enter Florida street address
	Tacksonville Beach Florida 32250 City Zip Code
	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 be or removed from our records:	ing adı
MGR = Manager	

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	:.	Address	Type of Action
FO/AM	BR Heathe	r Vechter	25 2nd St S.	DB Add
			Jacksonville Beach, FL	□ Remove
			37250	Change
				Add
				□ Remove
				Change
				🗆 Add
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an effe lote:	te date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated_	July 23rd 2019
	Signature of a momber or authorized representative of a member
	The second secon

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Filing Fee: \$25.00