117000028301

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Ĉi	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800314475528

06/12/18--01016--010 **38.00



JUN 14 2018

COVER LETTER

	egistration Sectivision of Corp			
, CUD IFOT	Proserve, LL	С		
SUBJECT	:	Name of Limi	ited Liability Company	
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspon	dence concerning this matter	to the following:	
		Johnie A Henderson		
			Name of Person	
		тападег		
			Firm/Company	
		415 Avenue E southeast		
			Address	
		winter haven, fla 33880-35	45	
			City/State and Zip Code	
		johniehenderson@ymail.com	m to be used for future annual report notif	
For further	information co	ncerning this matter, please ca		(Cation)
johnie hen	derson		863 777-1900 at ()	
	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

ility Compan da Limited L	ny as it now appears on our records.) iability Company)	
Company	were filed on <u>02/06/2017</u>	and assigned
·		
mited liabi	lity company here:	
mited Liabili	ity Company," the designation "LLC" of	
	Johnie A Henderson	· •
DRESS)	415 Avenue E southeast	<u> </u>
	Winter Haven, Fla 33880-3545	, ω ί,
	Same as pricipal	
		9
ldress here	•	enter the name of the
		<u> </u>
Avenue E se	· · · · · · · · · · · · · · · · · · ·	
ter haven	Enter Florida street address	ida 33880-3545 Zip Code
	Company mited liabil mited Liabil DRESS) istered of dress here	Winter Haven, Fla 33880-3545

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>	Address	Type of Action
			
			□ Remove
			Change
			Add
		.	☐ Remove
			Change
			D Add
			☐ Remove
			Change
			Add
		 	Remove
			□ Change
			
			□ Remove
			☐ Change
			Add
			Remove
			Change

i mistakenly registered Henderson Pest Elimination as a new	w entity over the weekend, but i learned today
that i could simply amend the name, i sure wish i could get	
	
	,* <u></u> -
	23 27
	•
tive date, if other than the date of filing:	(optional)
Tective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applicab	date of filing or more than 90 days after filing.) Pursuant to 60 telestatutory filing requirements, this date will not be lis
nent's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not a	an effective time, at 12:01 a.m. on the earl
e 90th day after the record is filed.	an enective time, at 12:01 a.m. on the ear
06/11/2018	
	· ·

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00