

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: TERMITE PROFESSIONALS LI.
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:

HAIM DELETIS
Name of Person

TERMITE PROFESSIONALS LLC
Firm/Company

1425 SW 1ST COURT # 27
Address

POMPANO BEACH FL. 33069
City/State and Zip Code

asitrish@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

haim deletis at (954) 274 4510
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**

FILED
2017 OCT 23 PM 3:10
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

TERMITE PROFESSIONALS 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 08/01/2017 and assigned Florida document number L17000163606.

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: HAIM DELETIS

New Registered Office Address: 1425 SW 1ST COURT # 27

Enter Florida street address


POMPANO BEACH, Florida 33069

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>
MGRM	DIANA VILLADA	1425 SW 1ST COURT # 27	<input type="checkbox"/> Add
		POMPANO BEACH FL. 33069	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	HAIM DELETIS	1425 SWST COURT # 27	<input checked="" type="checkbox"/> Add
		POMPANO BEACH FL. 33069	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 PLANNING DEPARTMENT

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

DIANA VILLADA-(CHANGE 100 UNITS TO -0- UNITS)

HAIM DELETIS-(CHANGE -0- UNITS TO 100 UNITS)

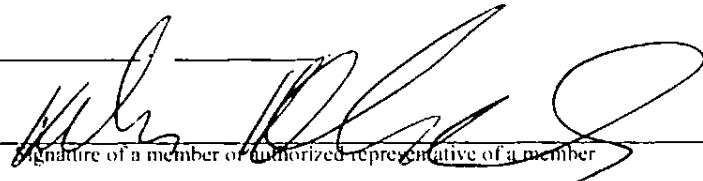
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SECRETARY OF STATE

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 10/17/17


Signature of a member or authorized representative of a member
HAIM DELETIS

Typed or printed name of signee