

L18000060432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

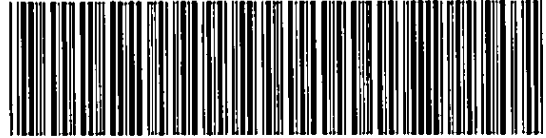
(Business Entity Name)

(Document Number)

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10/05/18--01017--008 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 OCT -5 AM 9:54

FILED

*Amend  
Meal*

RI. VORISEK

OCT 20 2018

**BAKER DONELSON**  
BEARMAN, CALDWELL & BERKOWITZ, PC

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October 4, 2018

**VIA FEDERAL EXPRESS**

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301  
Tel: 850.245.6000

Attn: Filing of Amendment to Articles of Organization for LLC

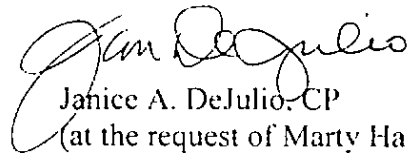
Re: Barber's Best Termite and Pest LLC, a Florida limited liability company

Dear Filing Official:

Enclosed please find an original plus one copy of an Amendment to the Articles of Organization for Barber's Best Termite and Pest LLC, a Florida limited liability company, along with our check for \$25.00 for the filing fee.

Please return a dated-stamped acknowledgment copy of the filed Articles of Amendment to me at your earliest convenience. Thank you!

Sincerely,

  
Janice A. DeJulio, CP  
(at the request of Marty Hartley)

Enclosures

4826-0807-8710 vi  
2936543-000002



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Barber's Best Termite and Pest 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 March 7, 2018 and assigned Florida document number L18000060432.

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 "LLC."

**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)**

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**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: \_\_\_\_\_

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 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>                      |
|--------------|--------------------|---|--|
| MGR          | Laurence T. Barber | 2249 Tuscavilla Road<br>Tallahassee, FL 32312 | <input checked="" type="checkbox"/> Add    |
|              |                    |   | <input type="checkbox"/> Remove            |
|              |                    |   | <input type="checkbox"/> Change            |
| AMBR         | Jamie L. Barber    | 2249 Tuscavilla Road<br>Tallahassee, FL 32312 | <input type="checkbox"/> Add               |
|              |                    |   | <input checked="" 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            |

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

Article IV is deleted in its entirety and replaced with the following:

"Article IV: This limited liability company shall be manager-managed. The name and address of  
of the initial Manager is: Laurence T. Barber, 2249 Tuscavilla Road, Tallahassee, Florida 32312."

**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 October 2 2018



Signature of a member or authorized representative of a member

JAMIE L. BARBER

Typed or printed name of signee