

L18000060432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

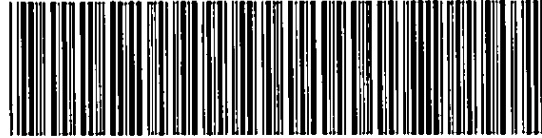
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400319184654

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

FILED
18 OCT -5 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
Meal

RI. VORISEK

OCT 20 2018

BAKER DONELSON
BEARMAN, CALDWELL & BERKOWITZ, PC

SUNTRUST CENTER
200 SOUTH ORANGE
AVENUE
SUITE 2900

POST OFFICE BOX 1549
ORLANDO, FLORIDA 32801

PHONE: 407.422.6600
FAX: 407.841.0325

www.bakerdonelson.com

Direct Dial: 407-367-5428
E-Mail Address: jdejulio@bakerdonelson.com

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

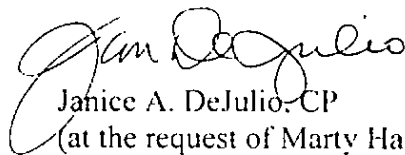
Re: Barber's Best Termite and Pest LLC, a Florida limited liability company

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 v1
2936543-000002

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Barber's Best Termite and Pest LLC

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:

Laurence Todd Barber

Name of Person

Barber's Best Termite and Pest LLC

Firm/Company

2249 Tuscavilla Road

Address

Tallahassee, Florida 32312

City/State and Zip Code

tallanole@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Martha Anderson Hartley

407

367-5427

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**

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 "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:

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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