

218000081679

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS
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SEP 04 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SoFlo Pest Control 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:

Jerry Chirichigno

Name of Person

Firm/Company

6494 NW 65th Terrace

Address

Parkland, Florida 33067

City/State and Zip Code

SoFloPestControl@gmail.com

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

For further information concerning this matter, please call:



Jerry Chirichigno at (754) 803 0607

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

SoFlo Pest Control LLC

The Articles of Organization for this Limited Liability Company were filed on March 30, 2018 and assigned Florida document number 1.18000081679.

A. If amending name, enter the new name of the limited liability company here:

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

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	Jerry Chirichigno	6494 NW 65th Terrace Parkland, FL 33067	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Justin Labonte	6494 NW 65th Terrace Parkland, FL 33067	<input checked="" 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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18 AUG 29 AMID: 12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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.

Dated August 23, 2018

Signature of a member or authorized representative of a member

Jerry Chirichigno, Mgr

Typed or printed name of signee

SOFLO PEST CONTROL LLC

6494 NW 65TH TER.
PARKLAND, FL 33067-1547

DATE 8-23-18

126

PAY TO THE ORDER OF FLORIDA DEPT OF STATE \$ 25.00

Twenty Five & 00/100 DOLLARS

CHASE

JPMorgan Chase Bank, N.A.
www.Chase.com

MEMO

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