## 11800093355

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HAY O A 20:9 J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sheeters Pest Control Management LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Statement of Correction and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rena L. Bushy Name of Person
5 heeters Pest management
1235 5. 10th Street #3
Ferrandona Beach FL 32034  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Color
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
\$25 Filing Fee \$\begin{array}{c} \sumsymbol{\substack} \sumsymbol{\substack} \sumsymbol{\substack} \sumsymbol{\substack} \sumsymbol{\substack} \sumsymbol{\substack} \supsymbol{\substack}
CR2E062 (9/15)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on  $\frac{4.13-2018}{1.000}$ \_1800093355 Florida document number L This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: magamint 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 j

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.

City

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 Title <u>Address</u> **Type of Action** Name □ Add ☐ Remove \_□ Change □ Add ☐ Remove □ Change □ Add □ Remove \_□ Change □ Add ☐ Remove Change ☐ Remove \_□ Change

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ffective date, if other an effective date is listed, to Note: If the date inserted ocument's effective date	the date must be specified in this block does n	e and cannot be prior to not meet the applica			ling.) Pursuant to	
e record specifies a The 90th day after			an effective tim	e, at 12:01 a.		arlier of
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	KLMUL Signature	of a member or autho	rized representative of	a member		7

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Filing Fee: \$25.00