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DIVISION OF COOPERATION

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRST ZERO LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
James M. Nicholas Name of Person
James M Nicholas PA Firm/Company
1790 Highway AIA Suite 202
Satellite Beach, FL 32937 City/State and Zip Code JKn legal al gol. com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chenn Neel at (407) 230 - 8775 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee SCertificate of Status Certified Copy (additional copy is enclosed) S25.00 Filing Fee SCERTIFIED Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status SCERTIFIED 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



Pest	+ Zero LLC	
	(Name of the Limited Liability Company as it now appears of	n our records.)
	(A Florida Limited Liability Company)	

The Articles of Organization for this Limited Liability Company were filed on April 28, 2018 and assigned Florida document number 1800099650.

This amendment is submitted to amend the following:

A Ca

A.	If amending	name, enter the new name of the limited liability company hero	<u>e</u> :

1. 1.	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1620 Old Daytong Street
(Principal office address MUST BE A STREET ADDRESS)	Deland FL 32724
Enter new mailing address, if applicable:	PO Box 648
	Deland FL 32721
(Mailing address MAY BE A POST OFFICE BOX)	Detara te se tel

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: James M. Nicholas

1790 Highway AIA 50, to 202

Satellite Beach, Florida 329357

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MOR	Neel, Glenn C	470 Hillandale Lane	
		Maitland FL 32751	Z Remoye
			Change
MOR	Eric Mills	8440 SE 53-8 Place	MAdd
		Mercer Island, WA 9804	☐ Remove
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effective date is his term. If the date ins	her than the date ted, the date must be sp erted in this block do date on the Departn	ecific and cannot bes not meet the	applicable statut	F.I., A giling or more than cory filing require	90 days after filing.) Pursuant to 605.03 will not be listed
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ed Septe	81 rida					
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Page 3 of 3

Filing Fee: \$25.00