

**C18000256870**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H18000347469 3)))



H180003474693ABC9

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MORAN KIDD LYONS JOHNSON, P.  
Account Number : I20000000003  
Phone : (407) 841-4141  
Fax Number : (407) 841-4148

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2018 DEC -6 AM 9:38

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
COMPLETE PEST MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

**T. CLINE**  
DEC -7 2018  
**EXAMINER**

2018 DEC -6 PM 3:42

Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000347469 3)))

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Complete Pest Management, 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:

William Keith Taylor

Name of Person

Firm/Company

3404 Boggy Creek Road

Address

Kissimmee, FL 34744

City/State and Zip Code

keith.taylor@flsoil.com

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

For further information concerning this matter, please call:

William Keith Taylor

Name of Person

at (407)

Area Code

348-5607

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

2013 DEC -6 AM 9:38

FILED

(((H18000347469 3)))

(((H18000347469 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Complete Pest Management, 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 November 5, 2018 and assigned  
Florida document number L18000256870.

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

City, Florida 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

(((H18000347469 3)))

(((H18000347469 3)))

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>
P	Elsa R. Caponi, Jr.	3404 Boggy Creek Road Kissimmee, FL 34744	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Pamela M. Caponi	3404 Boggy Creek Road Kissimmee, FL 34744	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
T	David P. Zdrodowski	3404 Boggy Creek Road Kissimmee, FL 34744	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 DEC 6 PM 9:38  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TAX SERVICES DIVISION

(((H18000347469 3)))

((H18000347469 3)))

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

2018 DEC -6 AM 9:  
TULARESTE.FLD

2018 DEC -6 AM 9:38  
ST. JOHNS AVE. FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

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)  
\_\_\_\_\_ (If the date is not the date of filing, it must be the date of filing or the date of filing plus 90 days. If the date is not the date of filing, it must be the date of filing or the date of filing plus 90 days. If the date is not the date of filing, it must be the date of filing or the date of filing plus 90 days.)

**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 November 20, 2018

*William Keith Taylor*  
Signature of a member or authorized representative of a member

William Keith Taylor  
*William Keith Taylor*  
Typed or printed name of signer

((H18000347469 3)))