## 118000270698

(Re	equestor's Name)	
(Ac	ldress)	<u> </u>
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

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C. BRUMBLEY

## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Tru Defens SUBJECT:	e Pest Control, LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Janet Bringuez		
		Name of Person	<del></del>
	Tru Defense Pest Control,	LLC.	
		Firm/Company	<del></del>
	9820 Dominican Drive		
		Address	
	Cutler Bay, FL 33189		
		City/State and Zip Code	
	jbringuez21@gmail.com		
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Janet Bringuez		786 319-3684	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C		Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

., LLC.		
ted Liability Compa (A Florida Limited)	my as it now appears on our Liability Company)	records.)
iability Company	were filed on NOV. 20, 2	and assigned
lowing:		
of the limited liab	ility company here:	
words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
cable:	NO CHANGE	
ET ADDRESS)		
*BOX) registered office : ess here:	NO CHANGE	2022 HAY -5 PH 3: Shew regist
NO CHANGE		
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	inter tours inter	
	City	, Florida Zip Code
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## 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 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>		Address	Type of Action
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				□Remove
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ective date, if other than the date of filin effective date is listed, the date must be specific and	d cannot be prior to date at ti	(opt	cional) or filing VPursuant to 605 020
te: If the date inserted in this block does not a nument's effective date on the Department of the second s	meet the applicable statute		
cord specifies a delayed effective date, but no s filed.	t an effective time, at 129	I a.m. on the earlier of: (	b) The 90th day after the
ed APRIL 22	2022		
	1	-	

Typed or printed name of signee