

L180000270698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

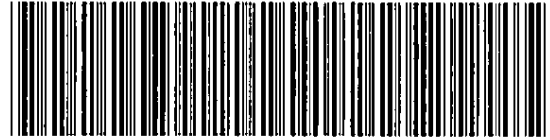
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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08/24/23--01016--002 \*\*25.00

2023 AUG 24 PM 12:40

CLERK OF STATE  
DIVISION OF CORPORATIONS

RECEIVED  
R. HUNT  
08/24/23

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BUG OFF PEST CONTROL, LLC.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANET BRINGUEZ

\_\_\_\_\_  
Name of Person

BUG OFF PEST CONTROL, LLC.

\_\_\_\_\_  
Firm/Company

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 notification)

For further information concerning this matter, please call:

JANET BRINGUEZ

786 319-3684

at ( )

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2023 AUG 24 PM 12:40

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

## BUG OFF PEST CONTROL, LLC

The Articles of Organization for this Limited Liability Company were filed on 11/20/2018 and assigned Florida document number L18000270698.

QUIT BUGGING PEST CONTROL, LLC.

**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>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2023 AUG 24 PM 12:40  
DIVISION OF CORPORATE AFFAIRS  
STATE OF NEW YORK

2023 AUG 24 PM 12:40

2023 AUG 24 PH12:40

U.S. DEPARTMENT OF JUSTICE  
DIVISION OF CONSUMER PROTECTION

(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 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.

Signature of a member or authorized representative of a member

JANET BRINGUEZ

Typed or printed name of signee