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| Special Instructions to Fil | ling Officer: | |
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TO:

Tallahassee, FL 32314

| | Registration Se Division of Cor | | | |
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| sun irz | | OUNTY TRAPPING & REMC | VALS LLC | |
| SUBJEC | ,I: <u></u> _ | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | | Address | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For furth | er information e | oncerning this matter, please ca | all: | |
| Alli | son M | logard | at (<u>57e1</u>) <u>339 –</u> Area Code Daytim | 5731 |
| | Name o | if Person | Area Code Daytim | ic Telephone Number |
| Enclosed | l is a check for t | he following amount: | | |
| ■ \$25. | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration | | <u>Street Address:</u> Registration Se | ection |
| | Division of C | Corporations | Division of Cor | rporations |
| | P.O. Box 632 | 27 | The Centre of T | Lallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MARIN COUNTY TRAPPING & REMOVAL | S LLC | |
|--|---|--|
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appears on our records.) mited Liability Company) | |
| The Articles of Organization for this Limited Liability Con Florida document number <u>L18000278464</u> | | and assigned |
| This amendment is submitted to amend the following: | | , |
| A. If amending name, enter the new name of the limite | d liability company here: | |
| Martin County Wildlife Services LLC | | |
| Martin County Wildlife Services LLC The new name must be distinguishable and contain the words "Limite | d Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE | | 20 DEC - 8 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>enter th</u> | ne name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Flor | ida |
| _ | 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 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 | Name | Address | Type of Action |
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| C. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the | ust be specific block does n | ot meet the appl | , , | web 00 and over | optional) after filing.) Purs i, this date will i | waat 10 605.02 10t be listed | :07 as |
| f the record specifies a delayed effec ecord is filed. | ive date, but | not an effective | time, at 12:01 a | .m. on the earlier o | of: (b) The 90t | h day after ti | ne |
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