

L19 0000039346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

(Document Number)

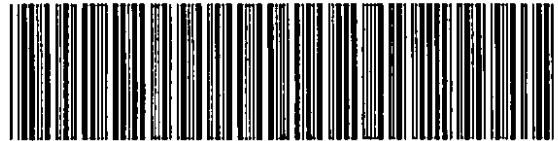
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Q. SILAS

MAR 22 2022

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3-7-2022 11:11:36 AM

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2022 MAR 11 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FORCE OF NATURE PEST CONTROL 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:

BRAVO, JONATHAN

Name of Person

FORCE OF NATURE PEST CONTROL LLC

Firm/Company

3018 WALLACE AVE

Address

LEHIGH ACRES, FL 33973

City/State and Zip Code

*Info@forceofnaturepest.com*

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

For further information concerning this matter, please call:

jonathan Bravo

239

878-7242,910-3680

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

FORCE OF NATURE PEST CONTROL LLC

2022 MAR 11 PM 12:36

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 03/06/2022 and assigned  
Florida document number L19000039346.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Green Pro Pest Control LLC

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:**

3018 WALLACE AVE LEHIGH ACRES, FL 33973

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

3018 WALLACE AVE LEHIGH ACRES, FL 33973

**(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:

Jonathan Bravo

New Registered Office Address:

3018 WALLACE AVE

*Enter Florida street address*

LEHIGH ACRES

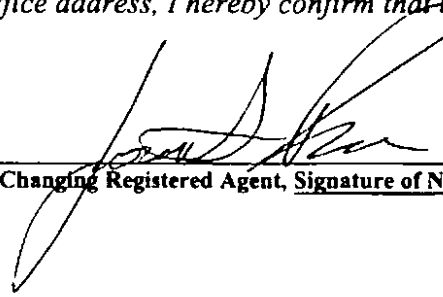
*City*

, Florida 33973

*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>
MGR	Jonathan Bravo	3018 WALLACE AVE	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33973	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luz Maria Bravo	3018 WALLACE AVE	<input checked="" type="checkbox"/> Add
		LEHIGH ACRES, FL 33973	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rodriguez Torres, luis Ismael	602 SUWANEE DR	<input checked="" type="checkbox"/> Add
		NORTH FORT MYERS, FL 33917	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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

Jonatahn Bravo

Typed or printed name of signee

**Filing Fee: \$25.00**