## L19000154051

(Re	equestor's Name)	<del></del>
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

	Registration Se Division of Cor		97	en
		est & Ag Services LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Ronald Childs		
			Name of Person	<del> </del>
		Guardian Pest & Ag Servic	res LLC	
		-	Firm/Company	
		5575 Cognac Drive		
			Address	<del></del>
		Fort Myers FL 33919		
		guardianpestag@gmail.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notif	ication)
For furthe	er information c	oncerning this matter, please ca	all:	
Ronald C	hilds		239 560-3257 at ()	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>■</b> \$25.0	0 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Guardian Pest & Ag Services 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  $\frac{06/11/2019}{1}$ \_ and assigned Florida document number L19000154051 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 o registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida <sub>-</sub> City

## 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>	Address	Type of Action
MGR	Kristin Childs	5575 Cognac Drive Fort Myers FL 33919	Add
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ote: If the	date inserted in th	the date of filite must be specific and his block does not the Department of	meet the applic	able statutory filir	( <b>opt</b> ) fore than 90 days afte g requirements, th	ional) or filing.) Pursuant to 60 is date will not be lis	05.0207 sted as 1
e record s The 90th	specifies a dela day after the	ayed effective record is filed	date, but no l.	ot an effective	ime, at 12:01	a.m. on the earl	ier of:
ated	10-24-2	2019		orized representative			
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Typed or printed name of signee

Filing Fee: \$25.00