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COVER LETTER

Div	ision of Cor	porations					
 SUBJECT:	GREEN BEHR PEST CONTROL & TERMITES LLC Name of Limited Liability Company						
SUBJECT							
The enclosed	i Aπicles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ondence concerning this matter	to the following:				
		VICTORIA MORAES					
Name of Person							
	ASSELFIS INTERNATIONAL LLC						
	Firm/Company 7901 KINGSPOINTE PARWAY #10						
			Address				
		ORLANDO FL - 32819	Address				
		VICTORIA@ASSELFIS.C	City/State and Zip Code OM				
		E-mail address: (to be used for future annual report no	tification)			
For further in	nformation c	oncerning this matter, please co	all:				
VICTORIA	MORAES		407 826-1034 at ()				
	Name o	f Person	Area Code Daytii	me Telephone Number			
Enclosed is a	a check for the	he following amount:					
■ \$25.00 F	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 State Certified Copy (additional copy is enc			

MAILING ADDRESS:

TO:

Registration Section

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

TO ARTICLES OF ORGANIZATION OF

2019 STO 1

GREEN BEHR PEST CONTROL & TERMITES 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 $\frac{07/10/2019}{1}$ Florida document number <u>L19000177918</u> 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 abbreviat 7350 FUTURES DRIVE Enter new principal offices address, if applicable: SUITE 9 (Principal office address MUST BE A STREET ADDRESS) ORLANDO FL 32819 7350 FUTURES DRIVE Enter new mailing address, if applicable: SUITE 9 (Mailing address MAY BE A POST OFFICE BOX) ORLANDO FL 32819 B. If amending the registered agent and/or registered office address on our records, enter the r registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiaccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registere

, Florida

Cirv

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>T</u>
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ective date, if other than neffective date is listed, the date te: If the date inserted in this cument's effective date on the	must be specific and cann s block does not meet t	ot be prior to date of fi he applicable statute	ling or more than 90 days aft	er filing.) Pursua
record specifies a dela he 90th day after the		but not an effe	ctive time, at 12:01	a.m. on th
september 06		19		
		-/		
\	Signature of a memb	er or authorized repre	sentative of a member	
CELSO MORAES /	REPRESENTATIVE			
		d or printed name of a	signee	
	1,717	prince o nome or c	=	

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Filing Fee: \$25.00