L19000193898

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TO:	Registration So Division of Cor	ection rporations	if .,,		
SUBJEC	SOUTHCC	DAST PEST CONTROL TRE	ASURE COAST L.L.C		
SOBJE	<u> </u>	Name of Lie	mited Liability Company		
	Ŕ				
The encl		Amendment and fee(s) are su	bmitted for filing.	•	
Please re	eturn all correspo	ondence concerning this matte	r to the following:		
		DAVID BELTRANENA			
			Name of Person	· · · · · · · · · · · · · · · · · · ·	
	SOUTHCOAST PEST CONTROL TREASURE COAST L.L.C				
	Firm/Company				
	5405 SW 69TH STREET				
			Address		
		PALM CITY FLORIDA	34990		
		AIRONECOOLING@YAI	City/State and Zip Code 100.COM	<u>.</u>	
	હો	E-mail address:	to be used for future annual report notificat	ion)	
For further	er information co	oncerning this matter, please c	all:		- 10 (10) (10) (10) (10) (10) (10) (10) (10)
DAVID	BELTRANENA		772 2090021		AUG 25
	Name of	Person		lephone Number	P 22 P
Enclosed	is a check for th	e following amount:			E STATE IS
\$25.0	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 Sta Certified Copy (additional copy is er	itus &

MAILING ADDRESS:

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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

SOUTHCOAST PEST CONTROL TREASURE COAST L.L.C (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 07/29/2019 and assigned Florida document number L19000193898 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 prigcipal 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 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 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.

City

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> DAVID BELTRANENA	Address 5405 SW 69TH STREET	Type of Action
		PALM CITY FLORIDA 34990	■ Add
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ADD"DAVID B	BELTRANENA AS MANAGER TO LLC
	
	
	
	
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ffective date if oth	07/29/2019 ner than the date of filing: (optional)
f an effective date is listed Note: If the date insert	than the date of filing:
seament's effective of	and on the Department of State's records.
e record specifies	a delayed effective date, but not an effective time, at 12.01 and a set
The 90th day aft	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier ter the record is filed.
•	
Dated	2019
	Signature of a member authorized representative of a member

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Filing Fee: \$25.00