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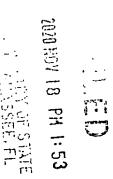
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## COVER LETTER

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CUBICT.		Y PEST MANAGEMENT PR	OFESSIONALS LLC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
			ISAAC DELAROSA	
			Name of Person	
			Firm/Company	<del></del>
			5511 W MINNEHAHA ST	<u> </u>
Address				
			TAMPA, FL 33614	
			City/State and Zip Code	<del></del>
		<del>-</del> '	ypestprofessionals@gmail.com to be used for future annual report no	tification)
For further i	nformation co	oncerning this matter, please c		
ISAAC DELAROSA		813 816-3088		
	Name of	f Purson		ne Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee	S30.00 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)
	iling Address gistration S		<u>Street Address:</u> Registration Se	ection
	_	orporations	Division of Co	
P.O. Box 6327			The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

	AGEMENT PROFES		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appea ited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp	oany were filed on	November 21, 2019	and assigne
lorida document numberL19000289080			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company h	<u>ere</u> :	
NOBILITY PEST MANAGEMENT PROFESSIONALS LLC			
he new name must be distinguishable and contain the words "Limited I	liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:			2920
Principal office address MUST BE A STREET ADDRESS	5) —————		
	<u> </u>		
	<del></del>		Section 1
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Huning address MAT BE A FOST OF FICE BOA	<del></del>		THE W
	ice address on our i	records, <u>enter the na</u>	me of the new res
	ice address on our i	records, <u>enter the na</u>	me of the new reg
gent and/or the new registered office address here:			me of the new reg
Name of New Registered Agent:		records, enter the na	me of the new reg

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
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			□Remove
			□Change
			□Add
			□Change
<del></del>			□Add
			□Remove
			□Change
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Note: If the	te, if other than the date of fill that is listed, the date must be specified date inserted in this block does nutrition of the Department	iot meet the applicable s	of filing or more than 90 atutory filing requiren	(optional) days after filing.) Pursu nents, this date will n	ant to 605 ot be liste	.0207 ( ed as t
	ifies a delayed effective date, but	not an effective time, at	12:01 a.m. on the car	lier of: (b) The 90th	day after	r the
-						
rd is filed.	NOVEMBER 09					
rd is filed.	NOVEMBER 09	·· Assac DeL	aRosa			

Filing Fee: \$25.00