4/8/2020

Division of Corporations



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DISINFECTION OF FLORIDA, LLC

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## STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

FIRS	<u>T</u> . The i	name of the limited liability company is: DISINFECT	TION OF FLORIDA, LLC						
<u>SEÇC</u>	<u>OND;</u>	The Florida Document number of the limited lia	bility company is: 1.20000097760						
<u>THIR</u>	<u>RD</u> :	Document to be corrected is: ARTICLES OF OR							
		(CHECK THE APPROPRIATE BOX AND CO	MPLETE THE APPLICABLE STATEMENT						
ά	Contr stater	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected latement are as follows:							
	Due I	Due to a serivenor's error, the name of the company in Article I is incorrect.							
	The r	name of the Limited Liability Company is: COMPLET	E DISINFECTION OF FLORIDA, LLC						
			202						
	<u>OR</u>		2020 APR						
	Was o	defectively signed. The manner in which the docum	ent was defectively signed and the appropriate correction are						
			5 5						
	<u> </u>								
	The e	lectronic transmission of the record was defective.	4-8-20						
	-	Signature of Authorized Representative	Datu						
ссери	ing ine c	esignation).	ting the registered agent, the new registered agent must sign						
neren rovixi bligat eflect	y acceptions of a lions of a	n statutes retailive to the proper and complete perfo.	net in this capacity. I further agree to comply with the rmunce of my duties, and I am familiar with and accept the hapter 605, F.S. Or, if this document is being filed to merely that the limited liability company has been notified in writing						
		Registered Age	nt's Signature						
		Filing Fee; Certified Copy:	\$25.00 \$30.00 (optional)						