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Division of Corp	porations		
SUBJECT: FA	MLEE FIRS Name of Lim	T PEST CONT	ROL SERVICES
The enclosed Articles of A	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	KELVA	Name of Person	
	FAMILE	FIRST PEST Company	NTROL SERVICES
		TH LAUE Address	
	GREENACK	ES F2 339 City/State and Zip Code	163
	FAMLE	ESERVICES (Control to be used for future annual report notion	FMAIL. COM
For further information ec	n-man address: (oncerning this matter, please co		neation)
KELVAN Name of	R. LEE	at (<u>561</u>) <u>818</u> - Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25,00 Filing Fee	X \$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 S Division of Co P.O. Box 632	section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

Tallahassee, FL 32314

TO: Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

ame 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 9/28/2020 and assigned Florida document number <u>L2000</u>30444 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 "LLC." 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 of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

GREENACRES Florida 33463

Zip Code

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	AMELIA E. LEE	2020 20TH LAVE	□Add
		CREENACRES, FL 33	463 XRemove
			□ Change
MGR	KELVAN R. LEE	2020 25H LAWE	X\dd
		GREENACRES, FL 3346	3_ □Remove
			□Change
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		- <u>-</u>	□Remove
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