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(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO: Registration S Division of Co			
	of Kings, ELC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
	Nicholas Miller		
		Name of Person	
	Pest Control Kings, LLC		
		Firm/Company	
	2716 10th ST W		22 AUG 30 AM 10: 28
		Address	
	Lehigh Acres, FL 33971		30
		City/State and Zip Code	AM 10:
	Prosper@thriveaccountant.		
	E-mail address: (to be used for future annual report notificat	ion) 28 3
For further information of	concerning this matter, please of	all:	
Nicholas Miller		239 209-5236	
Name o	of Person	at (lephone Number
Enclosed is a check for ti	he followipg amount:		
□ \$25.00 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 Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Orporations	Street Address: Registration Section Division of Corpor The Centre of Talk	ations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pest Control Kings, LLC (Name of the Limited Liabili (A Florida	ty Company as it now appears or a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C Florida document number 1.22000014555	Company were filed on 1/05/20	022	and assign	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the desig	nation "LLC" or the abb	reviation "L.L.(2.
Enter new principal offices address, if applicable:			2	- A-
(Principal office address MUST BE A STREET ADD)	RESS)		<u></u>	<u> </u>
			ထ 	
			Ō	200
Enter new mailing address, if applicable:			P	<u>:</u> :::::::::::::::::::::::::::::::::::
			ö	
(Mailing address MAY BE A POST OFFICE BOX)			28	<u> Ş</u> .
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ords, <u>enter the name</u>	of the new t	register
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida	street aktress		
		, Florida	Zip Code	

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
AMBR	Clifton R King JR	4103 1st ST SW Lehigh Acres, FL 33976	□Add
			MRemove
			□Change
			□Remove
			Change
			22 <u>4</u> 06
			22 AUG 3 REATH 10 28
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ective date if other than the date of filing:	(optional)
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or te: If the date inserted in this block does not meet the applicable statutory fili	more than 90 days after filing.) Pursuant to 605 ing requirements, this date will not be liste
ument's effective date on the Department of State's records.	
	and the section of the The Oosh day of
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m s filed.	n. on the earlier of: (b) I he sounday and
August 22 2022	
$(1, \nu)$	

Filing Fee: \$25.00