K22000040711

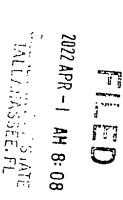
(Re	questor's Name)	
(Ad	dress)	
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(C)	y/State/Zip/Phone	. #N
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

	vision of Cor			
	IMPACT P	EST MANAGEMENT, 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:	
		Elsa Martin		
			Name of Person	
		Turner Pest Control, LLC		
			Firm/Company	
		8400 Baymeadows Way S	TE 12	
			Address	
		Jacksonville FL 32256		
			City/State and Zip Code	···
		emartin@Turnerpest.com	to be used for luture annual report	natitiestian)
For further i	information c	oncerning this matter, please co		notification)
Elsa Martin		g , , , , , , , , , , , , , , , ,	904 760-7413	
	Name o	f Person	at () Area Code Day	stime Telephone Number
Enclosed is	a check for th	ne following 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)
	niling Addres gistration S		<u>Street Address</u> Registration	
Di	vision of C	orporations	Division of 0	Corporations
P.(O. Box 632	7	The Centre o	of Tallahassee

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR - 1 AH 8: 08

IMPACT PEST MANAGEMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.) IALLAHASSES, FL.

The Articles of Organization for this Limited Florida document number L22000040711	Liability Compa	my were filed on	02/02/2022	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited li	ability company h	ere:	
N/A				
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the d	lesignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	E BOX)	N/A		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered officess here:	ce address on our r	ecords, <u>enter the na</u>	ime of the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Enter Flor	rida street address	
		_ .	, Florida _	
		City		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

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>	<u>Address</u>	Type of Action
AMBR	Timothy Lamm	8400 Baymeadows Way SUITE 12	≣Add
		JACKSONVILLE, FI. 32256	□Remove
			□Change
AMBR	Troy Fisher	8400 Baymeadows Way SUITE 12	■Add
		JACKSONVILLE, FL 32256	□Remove
			□ Change
AMBR	Elsa Martin	8400 Baymeadows Way SUITE 12	= Add
		JACKSONVILLE, FL 32256	□Remove
			□ Change
		·	□Add
			□Remove
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			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
			□ Change

			
			
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Effective date, if other than the comment of an effective date is listed, the date must	be specific and cannot be prior to ek does not meet the applical		
	partment of State's records.		
ocument's effective date on the Depresentation of the Depresentati		ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
record specifies a delayed effective d is filed.		ne, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
Pated	date, but not an effective time $\frac{2022}{7}$	_•	
record specifies a delayed effective dis filed. Dated March 18	date, but not an effective tim	_•	

Filing Fee: \$25.00