## 422000040711

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## **COVER LETTER**

TO: Registration Sec Division of Corp				
Impact Pest	Management, LLC			
SUBJECT:	Name of Limit	ed Liability Company		
The analysed Articles of	Amendment and fee(s) are subn	nitted for filing.		
	ndence concerning this matter t			
	Elsa Martin			
		Name of Person		
		Firm/Company	<del></del>	
	8400 Baymeadows Way St	e 12		22 S
		Address		ξ <b>,</b>
	Jacksonville FI, 32256			25
	Emartin@tumerpest.com	City/State and Zip Code		SEP 26 PM 12: 45
	E-mail address: ()	to be used for future annual report notif	ication)	<del>1</del> 2
For further information of	concerning this matter, please ea	ill:		
Elsa Martin		904 7607418		
Name o	of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclose	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se		
Division of C	Corporations	Division of Cor The Centre of T		
P.O. Box 63	<i>≟ t</i>	1110 000		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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P 800

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Fisher, Troy	8400 Baymeadows Way Suite 12	□Add
		Jacksonville, Fl 32256	<b>≡</b> Remove
P	Michaels, Cheri	8400 Baymeadows Way Suite 12	
		Jacksonville, Fl 32256	□Remove
			□Change
			□A <b>kb</b> ਤੋਂ
			A Report Code
			Paris de Allèx
			□v <b>qu</b> &
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			ر من ——
			<del></del>
Fective date, if other than the date must be detective date is listed, the date must be attend in this block cument's effective date on the Department's	k does not meet the applicable statuto	(optional) ling or more than 90 days after filing.) Purst ory filing requirements, this date will r	uant to 605.020 not be listed a
cord specifies a delayed effective	date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th	n day after the
is filed.	2022		
is filed.	· 2022 · · · · · · · · · · · · · · · · ·		

Filing Fee: \$25.00