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2023 MAR | 7 AM 9: 45

COVER LETTER

TO: Registration Section

Divi	ision of Cor	porations					
	Homestead	Pest Control LLC					
SUBJECT:	Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Kevin Mack					
			Name of Person	<u></u>			
		Homestead Pest Control LI	LC				
			Firm/Company				
		14320 SW 289th ST					
			Address				
		Homestead Florida 33033					
			City/State and Zip Code				
		Kevinmackops@gmail.com E-mail address: (to be used for future annual report no	otification)			
For further in	nformation c	oncerning this matter, please ca					
Kevin Mack			786 6347261				
·	Name o	f Person	Arca Code Dayti	ime Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	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 (additional copy is enclosed)			
	iling Addres		Street Address: Registration S	Section			
Registration Section Division of Corporations				Registration Section Division of Corporations			
	D. Box 632		The Centre of				
Tal	llahassee, I	FL 32314	Z410 IN. IVIONI	roe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Homestead Pest Control LLC (Name 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 $\frac{04/12/2022}{1}$ and assigned Florida document number L22000174546 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mack Pest Control LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) ڣ 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 , Florida _

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.

City

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
			□Remove
			Change
			□Add
			□Remove
			□ Change
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Signature of a member or authorized representative of a member				- · 22 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	- 1-		
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Filing Fee: \$25.00