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COVER LETTER

TO: Registration Se Division of Co			
Black Diar SUBJECT:	nond Pest Control LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James Ferrari		
		Name of Person	
	Black Diamond Pest Cont	rol LLC	
	5204 NW 54th St		
		Address	10°
	Coconut Creek, FL, 33073	3	
		City/State and Zip Code	
	jamesferrari47@yahoo.com		آ. ا ، د
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please e	all:	
James Ferrari		630 4502953 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he 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)
Mailing Addres Registration 5		Street Address: Registration Sec	tion
Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee, l	FL 32314	2415 N. Monroe	2 Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black Diamond Pest Control LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Compar	w were filed on 01/20/2023	and assigned
orida document number <u>LZ3</u> 000 37()-7	-	_ :
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ibility company here:	
lackstone Pest Control LLC		
e new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable:	5204 NW 54th St, Coconut Creek, FL, 330)73
rincipal office address MUST BE A STREET ADDRESS)		
		· ·
nter new mailing address, if applicable:	5204 NW 54th St. Coconut Creek, FL. 330)73 =
<u> (ailing address MAY BE A POST OFFICE BOX)</u>	- - <u></u>	
		<u> </u>
		- \footnote{\chi_1} \cdot \footnote{\chi_2} \cdot \foo
If amending the registered agent and/or registered office ent and/or the new registered office address here:	e address on our records, <u>enter the name</u>	
en and of the new registered white address here.		· ·
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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fective date, if other the in effective date is listed, the ote: If the date inserted in cument's effective date of	date must be specific n this block does r	c and cannot be pri not meet the appl	or to date of filin licable statutor	g or more than 90 c	lavs after filing.) Pr	ursuant to 605.0 Il not be listed
ecord specifies a delayed is filed.	effective date, but	t not an effective	time, at 12:01	a.m. on the earli	er of: (b) The 9	0th day after
ted		5/24/23				

Filing Fee: \$25.00