

L 23 000186767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

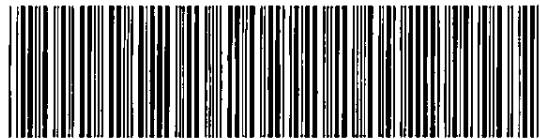
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/11/15

Office Use Only



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7-100-104 P. 6.9

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Multi Family Pest Control,LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Madden

Name of Person

Multi Family Pest Control, LLC.

Firm/Company

435 Double Branch Road

Address

Grassy Creek, NC 28631

City/State and Zip Code

tm@mtpc.me

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Madden

843

986-7980

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Type of Action</u>
MGR	Thomas P. Madden	435 Double Branch Road	<input checked="" type="checkbox"/> Add
		Grassy Creek, NC 28631	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Douglas Brian Coffey	3781 Pine Brooke Lane	<input checked="" type="checkbox"/> Add
		Acworth, GA 30102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jessica Lasneski	2467 Lake View Drive	<input checked="" type="checkbox"/> Add
		Melbourne, FL 32935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Just adding officers.

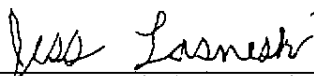
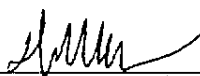
E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 12, 2024.



Signature of a member or authorized representative of a member

Thomas Madden Jess Lasneski

Typed or printed name of signee