

| (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: |
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COVER LETTER

| TO: Registration : Division of C | | | • | • |
|-------------------------------------|--|--|-----------------------|---|
| Multi Far | nily Pest Control,LLC. | | | |
| SUBJECT. | Name of Lim | ited Liability Company | | |
| The enclosed Articles (| of Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corres | pondence 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@mfpc.me | | | |
| | E-mail address: (| to be used for future annual | l report notification | 1) |
| For further information | concerning this matter, please c | all: | | |
| Thomas Madden | | 843 98 | 86-7980 | |
| Name | of Person | at () Area Code | Daytime Telep | hone 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 en | | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addr | ess: | Street A | ddress: | |

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

Section Registrative Division a

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

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Multi Family Pest Control, LLC. | | |
|--|--|---------------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | mpany as it now appears on our reco ited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000186262</u> . | oany were filed on 04/14/2023 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| The new name must be distinguishable and contain the words "Limited I | .iability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS | 5) | |
| | | |
| | | - |
| Enter new mailing address, if applicable: | | · · · · · · · · · · · · · · · · · · · |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered off agent and/or the new registered office address here: | ice address on our records, <u>ent</u> | er the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | . | <u> </u> |
| | Enter Florida street addi | ress |
| | | 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> | Address | Type of Action |
|--------------|----------------------|------------------------|----------------|
| MGR | Thomas P. Madden | 435 Double Branch Road | ■Add |
| | | Grassy Creek, NC 28631 | □Remove |
| | | | □Change |
| AMBR | Douglas Brian Coffey | 3781 Pine Brooke Lane | = Add |
| | | Aeworth, GA 30102 | □Remove |
| | | | Change |
| AMBR | Jessica Lasneski | 2467 Lake View Drive | ≣ Add |
| | | Melbourne, FL 32935 | □Remove |
| | | <u> </u> | □Change |
| | | | □Add |
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| Just adding officers. | | | | | | |
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| Fective date, if other than th an effective date is listed, the date mote: If the date inserted in this becument's effective date on the I | dock does not mee | et the applica | o date of filing of ble statutory f | or more than 90 d | _ (optional) lays after filing.) ents, this date v | Pursuant to 605,020 will not be listed as |
| ecord specifies a delayed effecti is filed. | ve date, but not an | i effective tir | ne, at 12;01 a. | m. on the earli | er of: (b) The | 90th day after the |
| ated July 12 | • . | 2024 | | | | |
| | | less | Lasnesi | | | |