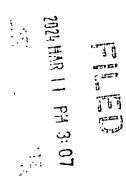
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(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u>umils</u>





03/11/24--01022--024 \*\*25.00



## **COVER LETTER**

TO:	Registration Se Division of Cor			<b>.</b>		
SUBJE		RD PEST SOLUTION				
SODJE	CI:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub- ondence concerning this matter	<del>-</del>			
		L. JACK GIBNEY				
			Name of Person	<del></del>		
		GIBNEY LAW				
		Firm/Company				
		8777 SAN JOSE BOULEVARD, SUITE 801				
		-	Address			
		JACKSONVILLE, FLORI	DA 32217			
		City/State and Zip Code jack@gibneylaw.com				
			to be used for future annual report no	t notification)		
For furt	her information c	concerning this matter, please ca	ill:			
L. JAC	K GIBNEY		904 443-7770			
	Name o	of Person	at ()	me Telephone Number		
Enclose	d 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address	ss:	Street Address:	aution		

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

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

CRAWFORD PEST SOLUTION		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>06/12/2023</u>	and assigned
Florida document number L23000243083		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SONSHINE PEST SOLUTIONS LCC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	46993 MIDDLE ROAD	
(Principal office address MUST BE A STREET ADDRESS)	HILLIARD, FLORIDA 32046	
		3
Enter new mailing address, if applicable:	46993 MIDDLE ROAD	1024 Håll
(Mailing address MAY BE A POST OFFICE BOX)	HILLIARD, FLORIDA 32046	
		-p 511
		<u>ب</u> پ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	ne of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	Zip Code
	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>	Name	Address	Type of Action
	<del></del>		□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□Change
			Dadd
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			□Remove
			Change
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			□Remove
			□Change

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