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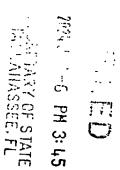
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COVER LETTER

Tallahassee, FL 32314

	egistration Se ivision of Cor						
CUDIECT	RX4BUGS	LLC					
SUBJECT	·	Name of Lim	ited Liability Company		_		
eri 1							
		Amendment and fee(s) are sub					
Please retu	rn all correspo	indence concerning this matter	to the following:				
		Anthony Pellegrino					
			Name of Person	,			
		RX4BUGS LLC					
			Firm/Company	· · · · · · · · · · · · · · · · · · ·			
		6310 Diamond Dr					
			Address				
		New Port Richey FL 3465	3			262	
			City/State and Zip Code			(-	
		ONLYPESTS@GMAIL .C	OM to be used for future annual report i		<u> </u>	1	·- ·
For further	information c	oncerning this matter, please c	·	nonneation)	YOF	6 PH	
Anthony P	ellegrino		727 858-1311 at ()		STATE	PH 3: 45	
-	Name o	f Person		time Telephone Num			
Enclosed is	a check for th	ne following amount:					
X \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certif	Filing Ficate of Sied Copy on al copy i	Status .	
R	ailing Addres egistration S		Street Address Registration Division of O	Section			
	O. Box 632			of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RX4BUGS LLC					
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re I Liability Company)	cords.)			
he Articles of Organization for this Limited Liability Compa	ny were filed on 07/18/2023		a	ınd assi	gned
lorida document number <u>L23000339860</u>					
his amendment is submitted to amend the following:					
a. If amending name, enter the new name of the limited lia	bility company here:				
ONLYPESTS LLC					
he new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "	LLC" or the	abbrevia	tion "L.L	.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)					
		75.	£.		
		F.F.	- -1	, ,	
Inter new mailing address, if applicable:			کر. د ص	 	₩
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Mailing address MAY BE A POST OFFICE BOX)		S 1	— <u>≕≚</u> ယ		
		<u> </u>	3: - 5		
If amonding the registered agent and/on registered office	addraga on our records or	بر در داد دود		h a manu	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>er</u>		me or t	ne new	regist
Name of New Registered Agent:					
rume of New Tregistered Figure.					
New Registered Office Address:	First Plant I and a	11 .			
	Enter Florida street aa	iaress			
		, 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
			□ Remove
			Change
			□Add
			□Remove
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