## L230005200/6

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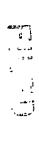
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## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: RS7	Today UC			
5000 CT	Name of Lin	nited Liability Company		-
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	mendment and fee(s) are sub	_		
Please return all correspon	dence concerning this matter	to the following:		
		Mane of Person	nccoin Ur.	_
	Pe	est Today U	<u>IC</u>	_
	1163	7 Ne 710 <sup>th</sup>	h Avenue	_
	<u>Oxee</u>	Obee FL City/State and Zip Code	34972	_
	Pesttodo E-mail address: (	19 m 0 9 min	Lieport notification)	-
For further information cor	ncerning this matter, please c	all:		
Michael	1 McCoin	a(1 <u>863</u> )	243 4589	<del></del>
Name of I	?erson	Area Code	Daytime Telephone Numb	≻er
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	Certific pelosed) Certific	Filing Fee, cate of Status & ed Copy had copy is enclosed)
Mailing Address: Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations	Divisio The Co 2415 N	address: ration Section on of Corporations entre of Tallahassee V. Monroe Street, Suite assee, FL 32303	2024 SEP - 3 ATT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pest Today	UC
(A Flori	offity Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 11 17 2023 and assigned
Florida document number <u>L23000520011</u>	Φ
This amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here;  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  er new principal offices address, if applicable:  incipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter the name of the new registered</u> :
Name of New Registered Agent:	michael w. mccoin Jr.
New Registered Office Address:	11637 Ne 76th Ave Enter Florida street address
	Okechonel Florida 34972
New Registered Agent's Signature, if changing Register	City Zip Code red Agent:
The state of the s	<u></u>

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 dogment 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

j. U**.** 

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>	Type of Action
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			□ Change
man	Michael Mccoin JY	7568 NW 86th ct.	<b>%</b> Add
		Okecchobec, FL 34972	CRemove
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<u>inte:</u> Ir		artment of Stati	e's records.					
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Filing Fee: \$25.00