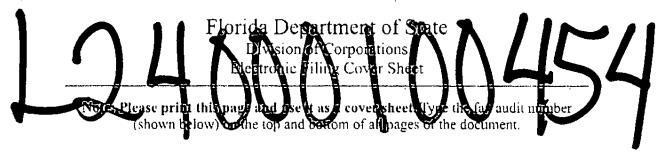
5/18/24, 11:26 AM

To:

Division of Corporations



(((H240002117263)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CORSON COMMERCIAL EXTERMINATING LLC

| Certificate of Status | U |
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| Certified Copy | 1 |
| Page Count | 05 |
| Estimated Charge | \$55.00 |

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COVER LETTER

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| Order# | ·a |
| 820877 | ID |

TO: Registration Section

| | on of Corporations | |
|------------------|--|------------------|
| SUBJECT: | ORSON COMMERCIAL EXTERMINATING LLC | |
| | Name of Limited Liability Company | |
| The enclosed A | rticles of Amendment and fee(s) are submitted for filing. | |
| Please return al | correspondence concerning this matter to the following: | |
| | Mike Town | |
| | Name of Person | |
| | Legalzoom.com, Inc. | |
| | Firm/Company to | ; ; ; |
| | 9900 Spectrum Dr | |
| | Address | . •• |
| | Austin, TX 78717 | |
| | City/State and Zip Code |) (F |
| | kimcorson@comeast.net 47: | |
| | E-mail address: (to be used for future annual report notification) | () (T |
| For further info | mation concerning this matter, please call: | <i>)</i> 1 |
| Eric Treutlien | 800 773-0888 | |
| | Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a ch | ck for the following amount: | |
| □ \$25.00 Filin | Fee Solutions Fee & Solution Status Solution Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Solution Fee & Certified Copy (additional copy is enclosed) | |

MAILING ADDRESS: Registration Section

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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CORSON COMMERCIAL EXTERMINATING LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our rec Liability Company) | ords.) |
|--|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L24000100454</u> | were filed on | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited linh | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity 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) | | - 2 |
| | | |
| | | |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | · · |
| | | 17 |
| | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | rds, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ada | iness |
| | | Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duties, provided for in Chapter 60 | and I am familiar with and 5, F.S. Or, if this document is |
| | | |

If Changing Registered Agent, Signature of New Registered Agent

To:

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 |
|--------------|--------------|---|----------------|
| AMBR | Kim D Corson | 3724 N RIDE DR | Add |
| | | JACKSONVILLE, FL 32223 | D D |
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| | | | Add |
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| | an effective date is listed, the date must be specific and car ote: If the date inserted in this block does not mee | unot be prior to date of t t the applicable statu | iling or more than 90 days aff | er filing.) Pursuant to 605.020 | 07 (3 as th |
| in 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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the | The 90th day after the record is filed. | | | a.m. on the earlier of | of: |
| In 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 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the cument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. | 1 | | | | |
| fective date, if other than the date of filing: | atod 6/17/34 , _ | ·· | | | |

Typed or printed name of signee