## L24000249316

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(A) THE SEED FICHION

## **COVER LETTER**

Division of Corp	orations ·		
SUBJECT: Poo	Poo Police Name of Lim	ned Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
 	Revis T Poo Poo	Name of Person Polyce LLC Firm/Company	
	4548 C)	Address	<del></del>
	Jackson!	City State and Zip Code	7
	E-mail address: (	ervicesflagm to be used for future annual report notif	ni). Com
For further information con	ncerning this matter, please ca	all:	
Hevin D Name of	SSMOCE Person	at ( <u>904</u> ) <u>802 - 1</u> Area Code Daytimo	8669 e Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Ca	

Registration Section

· TO:

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

Street Address: 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

Too too tolice, LLC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	vere filed on 05/31/2024 and assigned
Florida document number <u>La4000249316</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil  Patriots Pest Termite & Rol  The new name must be distinguishable and contain the words "Limited Liability".	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	007 -3 11-13 11-13
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

## 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 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
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			Remove
			□Change
			□ Add
			□Remove
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			□Remove
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effectiv t <u>e:</u> If tl	ve date is listed he date insert		rific and cames s not meet	not be prior to the applicabl	date of filin	g or more than	90 days after fil	al) ing.) Pursuant to 605.02 ate will not be listed
cord sp s filed.	ecifies a dela	iyed effective date, l	out not an e	ffective time	e, at 12:01	a.m. on the	earlier of: (b)	The 90th day after th
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