## P15 0000 41493

(Red	questor's Name)	
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## COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: PEST-CX DOCUMENT NUMBER: P150 00	Services Inc 0041493
The enclosed Articles of Amendment and fee are s	ubmitted for filing.
Please return all correspondence concerning this m	atter to the following:
Masouc	Name of Contact Person
<u> Pestex</u>	-ervices inc
7222 N	Harold Ave
_Tampa	FL 33614
E-mail address: (to be u	City/ State and Zip Code  O C U O O C O O C O O C O O C O O C O O C O O C O O C O O C O O C O
For further information concerning this matter, plea	ase call:
Masoud Hedayat Name of Contact Person	at ( 813 ) UID · 7378  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

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Pestex Services Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

TALE AHASSEE, FL

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

une must be distinguishable and contain the wor	I "agendediae " "agended" " or "ingo	The r
me must be distinguishable and comain the wor 'nc.," or Co.," or the designation "Corp." 'hartered," "professional association," or the c	Inc," or "Co". A professional corp	
Enter new principal office address, if applied incipal office address MUST BE A STREET		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
. If amending the registered agent and/or registered agent and/or the new registered.	istered office address in Florida, ent	er the name of the
Name of New Registered Agent	red office address;	
<del></del>	(Florida street address)	
New Registered Office Address:	(City)	, Florida (Zip Code)
ew Registered Agent's Signature, if changing thereby accept the appointment as registered age	Registered Agent: nt. I am familiar with and accept the o	obligations of the position.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Sally	Smith	
Type of Action (Check One)  1) Change	<u>Title</u>	Name Sassan Hedayat	Address  - W12 Thorough bred LO
Add  Remove  Change  Add	P,I,C	Masaxdttedayat	15401 Lake Magdalene 10mpa, Fl. 33613
Remove 3) Remove — Add			
Add Remove 4) Change Add			
Remove 5) Change Add			
Remove 6) Change Add Remove			

Attach additional sheets, if necessary).	(Be specific)
<del>.</del>	
<del>-</del>	<u> </u>
	<del></del>
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if $n\phi$ ) applicable, indicate $N/A$ )	nument if not contained in the amendment users.
N/A	
14 [[]	
	<del></del>

. . . . . .

The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	_, if othe	er than the
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be li	sted as the
Adoption of Amendment(s)  (CHECK ONE)  The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and saction was not required.	harehold	ler
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):  "The number of votes cast for the amendment(s) was/were sufficient for approval  by	2022 AUG 1 1 PM 4: 31	
appointed fiduciary by that fiduciary)  Masoud Hedaya+		_
(Typed or printed name of person signing)  Charles of person signing)  (Title of person signing)		_