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COVER LETTER

TO: Registration Section
Division of Corporations

Family 1st Mobile Homes, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glenn V. Brizendine, Manager

Name of Person

Family 1st Mobile Homes, LLC

Firm/Company

1809 E. Broadway St, Suite 340

Address

Oviedo, FL 32765

City/State and Zip Code

gbriz1@rocketmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn V. Brizendine, MGR

Name of Person

Area Code

Daytime Telephone Number

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 enclosed) \$60.00 Filing Fee, Certificate of Status & 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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Family 1st Mobile Homes, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on April 27, 2012 and assigned			
Florida document number L12000057353	 •			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Mosquito Free Orlando, LLC				
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."	•		
Enter new principal offices address, if applicable:	1809 E. Broadway St.			
(Principal office address MUST BE A STREET ADDRESS)	Suite 340			
	Oviedo, FL 32765			
		-		
Enter new mailing address, if applicable:	1809 E. Broadway St.			
(Mailing address MAY BE A POST OFFICE BOX)	Suite 340			
	Oviedo, FL 32765			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		<u>1ew</u>		
New Registered Office Address:	Enter Florida street address	-		
	, Florida			
	City Zip Code	•		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	the		

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or					
Authorized Member being added or removed from our records:			FILED		
MGR = N $AMBR = A$	lanager Authorized Member		2814 AUG 25 PM 2: 01 TALLAHASSEE. FLORID;		
			100 23 PM 2: 01		
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D. If amending any other	information, enter cl	hange(s) here:	(Attach additional she	eets, if necessary.)	
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E. Effective date, if other	than the date of filing	August	1 8, 2014	(optional)	
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the date this document is file	-				
Dated August 1	8 	<u> 2014 </u>			
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	Signature of a	member or authoriz	ed representative of a mei	mher	_
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Filing Fee: \$25.00