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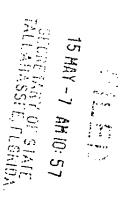
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Con		•	
SUBJECT:	Mosquito Joe Name of Lim	of Central Flo	rida LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ondence concerning this matter	_	
		Raymond Bailey Name of Person	
	Moquit	Firm/Company	Florida, LLC.
		400 Carman Dr Address	<u>, </u>
		Lecsburg, FL 3 City/State and Zip Code	
	E-mail address: (Ray, Bailey & usa, ne to be used for future annual report notific	eation)
For further information of	oncerning this matter, please ca	all:	
Ray ~ o	of Person	at (352) 316~ Area Code Daytime	7878 Telephone Number
Enclosed is a check for t	he following amount:	•	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Mosq	nito Joe of Central Florida, LLC
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records. Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	e limited liability company here:
Mosquito Bros o The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the neve
Name of New Registered Agent:	SS Z
New Registered Office Address:	Enter Florida street address 3 5
	, Florida Zin Code
	City Zin Code

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 Changing Registered Agent, Signature of New Registered Agent

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
			Add
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
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			□ Add
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		·····	☐ Change
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			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change

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Filing Fee: \$25.00