

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H20000346654 3)))



H200003466543ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : KIM MARKS CPA  
Account Number : I20120000072  
Phone : (305)895-5815  
Fax Number : (305)895-6273

**\*\*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  
MOSQUITO CRUSHER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	08
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Y SULKFF  
Help 08 2020

RECEIVED

2020 OCT -6 PM 12:15

SECRETARY OF STATE

2020 OCT -6 AM 8:17

## COVER LETTER

(((H20000346654 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: MOSQUITO CRUSHER 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:

Stephen Korn

Name of Person -

Kim Marks CPA PA

Firm/Company

2136 NE 123rd St

Address

North Miami, FL 33181

City/State and Zip Code

stephen@kimmarkscpa.com

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

For further information concerning this matter, please call:

Stephen Korn

305 895-5815

at ( )

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 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

(((H20000346654 3)))

MOSQUITO CRUSHER 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 09/07/2017 and assigned  
Florida document number L17000190158

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Kim Marks CPA PA

New Registered Office Address:

2136 NE 123rd St.

Enter Florida street address

North Miami

Florida 33181

City

Zip 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.

Kim Marks  
If Changing Registered Agent, Signature of New Registered Agent



(((H20000346654 3)))

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

1. Introduction  
 2. Background  
 3. Methodology  
 4. Results  
 5. Conclusion  
 6. References  
 7. Appendix  
 8. Index  
 9. Glossary  
 10. Summary  
 11. Abstract  
 12. Keywords  
 13. Subject  
 14. Topic  
 15. Field  
 16. Area  
 17. Discipline  
 18. Branch  
 19. Department  
 20. Division  
 21. Section  
 22. Unit  
 23. Group  
 24. Team  
 25. Committee  
 26. Board  
 27. Panel  
 28. Panel  
 29. Panel  
 30. Panel  
 31. Panel  
 32. Panel  
 33. Panel  
 34. Panel  
 35. Panel  
 36. Panel  
 37. Panel  
 38. Panel  
 39. Panel  
 40. Panel  
 41. Panel  
 42. Panel  
 43. Panel  
 44. Panel  
 45. Panel  
 46. Panel  
 47. Panel  
 48. Panel  
 49. Panel  
 50. Panel  
 51. Panel  
 52. Panel  
 53. Panel  
 54. Panel  
 55. Panel  
 56. Panel  
 57. Panel  
 58. Panel  
 59. Panel  
 60. Panel  
 61. Panel  
 62. Panel  
 63. Panel  
 64. Panel  
 65. Panel  
 66. Panel  
 67. Panel  
 68. Panel  
 69. Panel  
 70. Panel  
 71. Panel  
 72. Panel  
 73. Panel  
 74. Panel  
 75. Panel  
 76. Panel  
 77. Panel  
 78. Panel  
 79. Panel  
 80. Panel  
 81. Panel  
 82. Panel  
 83. Panel  
 84. Panel  
 85. Panel  
 86. Panel  
 87. Panel  
 88. Panel  
 89. Panel  
 90. Panel  
 91. Panel  
 92. Panel  
 93. Panel  
 94. Panel  
 95. Panel  
 96. Panel  
 97. Panel  
 98. Panel  
 99. Panel  
 100. Panel


E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 5th, 11, 2010



Signature of a member or authorized representative of a member

RON STERN, AMBR

Typed or printed name of signer

**Filing Fee: \$25.00**