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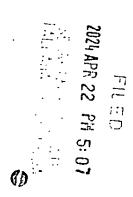
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

A Company of the Comp

TO: Registration Section Division of Corporations	
SUBJECT: Mosquito Remodeli	ina LLC
Name of Lin	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Andres Romer	Name of Person
Mosquito hemo	podeling LLC Firm Company
4403 SW	8th Ct Address
	Cape Coral FL City/State and Zip Code
Andrexomero O	704@ gmoil.com (to be used for future annual report notification)
For further information concerning this matter, please of	call:
Andres Romero Name of Person	at <u>(33914)</u> Area Code
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	☐ \$55.00 Filing Fee & ☐ \$60.00 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

Mosquito T	Remodeling L	LC	
(Name of the Limited (A	Liability Company as it now Florida Limited Liability Com	appears on our records.) upany)	·
The Articles of Organization for this Limited Liab Florida document number <u>L240000円07日</u>	ility Company were filed	on 01/22/2024	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	ne limited liability compa	any here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company	the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	<u> </u>	
(Principal office address MUST BE A STREET)	ADDRESS)		20
Enter new mailing address, if applicable:			024 APR 22
(Mailing address MAY BE A POST OFFICE BC	<u></u>	·	30 -
B. If amending the registered agent and/or regi		our records, enter the n	ame of the new registered
agent and/or the new_registered office address b	<u>nere</u> :		
Name of New Registered Agent:			
New Registered Office Address:	En	iter 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 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = · Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andres Romero	4403 SW 8th C+	□ Add
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			□Change
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