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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Mospuito Masters FL 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:				
Jacob Wengler Name of Person	-			
Mosquito Masters FL LLC	-			
Trancompany				
2526 7th Street Cir E				
Address				
Ellenton, Fl 34222 City/State and Zip Code	_			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Jacob Wengter at 352 386-5626  Name of Person  Area Code Daytime Telephone Number	:- :- :- :- :- :- :-			
Name of Person Area Code Daytime Telephone Number	e			
	1			
Enclosed is a check for the following amount:	• •			
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Feetificate of Status Certified Copy Certific	Filing Fee ate of Status &			
(additional copy is enclosed) Certifie	d Copy . ~ ~ al copy is enclosed)			
Muiting Address: Street Address:				
Registration Section Registration Section				
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee				

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moszanto	Masters FL	LLC	
(Name of the Limited Liabilit (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co		9-4-24	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the des	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our rec	cords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la street address	12 7 61
		Florida	The Color
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
MGR	Pete Nabor	sarasotu, Fi 34240	<b>X</b> Add
			□Remove
			□Change
			□Add
	•		□Change
			□Add
			□Remove
			□Change
			⊟Add
			□Remove
			□ <b>y</b> qq
			🗀 Remove
			□Change
			☐Add
			□Remove
			□ Change

	<del></del>
	200
tive date, if other than the date of filing:	(optional)
flective date is listed, the date must be specific and cannot be prior to date of filing.  If the date inserted in this block does not meet the applicable statutor	ng or more than 90 days after (thing.) Pursuant to 605. ry filing requirements, this date will not be liste
ment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	Ta.m. on the earlier of: (b) The 90th day after
d 9/11/24	
<u>.</u>	