

**L11000052983**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

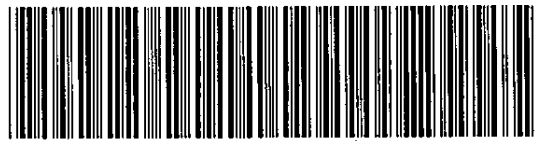
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200304664192

10/19/17--01016--013 \*\*30.00

FILED  
17 OCT 19 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 20 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MULLIGAN ONE 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:

Jeffrey C. Weinstein Esq.

\_\_\_\_\_  
Name of Person

Mittenthal Weinstein LLP

\_\_\_\_\_  
Firm/Company

3100 S Federal Highway, Suite B

\_\_\_\_\_  
Address

Delray Beach, FL 33483

\_\_\_\_\_  
City/State and Zip Code

weinstein@mw-attorneys.com

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

For further information concerning this matter, please call:

Jeffrey C Weinstein

at ( 561 ) 862-0955

\_\_\_\_\_  
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**

MULLIGAN ONE 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 May 5, 2011 and assigned Florida document number L11000052983.

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: \_\_\_\_\_

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 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

FILED  
OCT 19 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SPARING PARTNERS 2 INC	160 W Camino Real Suite 286	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YVES BENCE	20 Avenue Notre Dame	<input type="checkbox"/> Add
		NICE 06000 FR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARIE-FRANCE BENCE	20 Avenue Notre Dame	<input type="checkbox"/> Add
		NICE 06000 FR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	FRANCOIS BENCE	20 Avenue Notre Dame	<input type="checkbox"/> Add
		NICE 06000 FR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JULIEN BENCE	20 Avenue Notre Dame	<input type="checkbox"/> Add
		NICE 06000 FR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
	JULIEN BENCE	20 Avenue Notre Dame	<input type="checkbox"/> Add
		NICE 06000 FR	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

FILED  
 17 OCT 19 4:11:29 PM  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

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 September 28, 2017

Signature of a member or authorized representative of a member

YVES BENCE

Typed or printed name of signee

FILED  
17 OCT 19 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA