07/09/2018 15:33 FROM: 94136601 9

Division of Corporations

https://cfile.sunbiz.org/scripts/efilcovr.exe

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.

(((H18000197640 3)))



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

70:

Division of Corporations

: (890)617-6495 Fax Number

From:

Account Mank: : BURGESS, MARKELL, FRANCUSO, OLDON ϵ COLTON, P.A. Account Number : 1200000050134

1 (941):66-3700 enone : (341) 466-01=5 fax Number

**Enter the email address for this openess entity to be used for future annual report mailings. Enter only one small address please. **

Emil Address: Sandandemmi Omsin. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN M & W LAWN SERVICE LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Cartified Copy | Ú |
| Page Count | 06 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Cerporate Filing Menu

Help

(((H18000197640 3)))

COVER LETTER

| M & W | Lawn Service, LLC | | | | | |
|-----------------------|---|--|---|--|--|--|
| UBJECT: | Name of Limi | Name of Limited Liability Company | | | | |
| he enclosed Article | s of Amendment and fee(s) are subr | mitted for filing, | | | | |
| lease return all corr | espondence concerning this matter | to the following: | | | | |
| | Stanley R. Mullet | | | | | |
| | | Name of Person | | | | |
| | Mullet Enterprises, LLC | | | | | |
| | | Firm/Company | | | | |
| | 4900 Camus Street | | | | | |
| | | Address | | | | |
| | Sarasota, FL 34232 | | | | | |
| | | City/State and Zip Code | | | | |
| | sandandemmi@msn.com | to be used for future annual report not | Gention) | | | |
| or further informat | on concerning this matter, please ca | | nearony | | | |
| Stanely R. Mullet | 941 812-4922 at () | | | | | |
| Ni | me of Person | | e Telephone Number | | | |
| Enclosed is a check | for the following amount: | | | | | |
| ■ \$25.00 Filing Fe | c S30.00 Filing Fee & Certificate of Status | S55.00 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

(((H18000197640 3)))

07/09/2018 15:33 FROM: 9413660189-TO: Florida Department of Sta@18506176383

company has been notified in writing of this change.

(((H18000197640 3)))

Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| M & W Lawn Service, LLC (Name of the Limi | ted Liability Compa | ny as it now appears on our records | r) |
|---|---------------------------------------|--|--|
| | (A Florida Limited I | Liability Company) | |
| The Articles of Organization for this Limited L | iability Company | were filed on October 13, 2008 | and assigned |
| Florida document number L08000096368 | | | |
| | | | |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name of | f the limited liab | ility company here: | |
| Mullet Enterprises, LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | Not applicable | • œ |
| | | | <u> </u> |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | Not applicable | ************************************** |
| (Malling address MAY BE A POST OFFICE | (BOX) | | ., |
| Indiana hancis max mail 1 var var var | | | |
| | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | l/or registered o Mice address her | ffice address on our records <u>e</u> : | , enter the name of the ne |
| | | | |
| Name of New Registered Agent: | Not applicable | ······ | |
| New Registered Office Address: | Not applicable | | |
| | | Enter Florida street addres | s |
| | , Florida | | |
| | | City | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | <u> </u> | |
| I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the | per and complete sistered agent as | e performance of my duties, ar provided for in Chapter 605, | nd I am familiar with and F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

Page: 4 of 5

(((H18000197640 3)))

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

| Title | Name | Address | Type of Action |
|-------|----------------|---------|----------------|
| | Not applicable | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | Not applicable | | □ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | Not applicable | | □ Add |
| | | | □ Remove |
| | | | Change |
| | Not applicable | | |
| | | | □ Remove |
| | | | ☐ Change |
| | Not applicable | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | Not applicable | | D Add |
| | | | Remove |
| | | | ☐ Change |

07/09/2018 15:33 FROM: 9413650169-TO: Florida Department of Sta@18506176383 Page: 5 of 5 (((H18000197640 3)))
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Not applicable E. Effective date, if other than the date of filing: May 17, 2018 (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 July 9 2018 Signature of a member or authorized representative of a member Stanley R. Mullet, Manager Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00