

L19000239325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

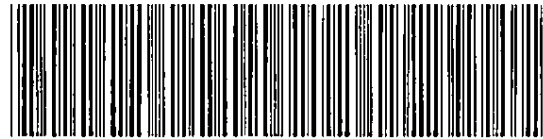
(Business Entity Name)

(Document Number)

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2020 FEB 17 PM 2:43

FILED  
2020 FEB 17 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER  
FEB 17 2020



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3 MULLIGANS 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:

BOB ARBUTHNOT  
Name of Person

OVERUNDER BAR  
Firm/Company

1240 THOMASVILLE RD #100  
Address

TALLAHASSEE, FL 32303  
City/State and Zip Code

OFFICE @ SUPERIOR PAINTING. NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERARD LAMOTHE at (850) 508 5567  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32303

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
201 S. Adams St.  
Tallahassee, FL 32303



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

3 MULLIGAN'S 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 10/3/2019 and assigned Florida document number L19000239325.

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



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>
<u>MGR</u>	<u>GERARD LAMOTHE</u>	<u>3925 LEANE DR.</u>	<input checked="" type="checkbox"/> Add
		<u>TALLAHASSEE, FL 32309</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>MITCHEL HOWARD</u>	<u>1049 SUMMER BROOK DR.</u>	<input checked="" type="checkbox"/> Add
		<u>TALLAHASSEE, 32312</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>BOB ARBUTHNOT</u>	<u>3202 ORIOLE CT. #D</u>	<input checked="" type="checkbox"/> Add
		<u>TALLAHASSEE, FL 32309</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee