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**L20 0000 76688**

\_\_\_\_\_  
(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

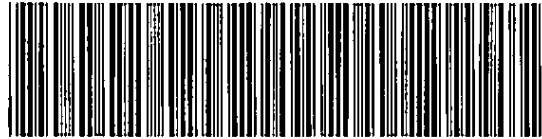
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**RECEIVED**

JUL 21 2020

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ATLANTA, GEORGIA

2020 SEP 23 AM 10:12

**FILED**

SEP 24 2020

**S. YOUNG**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 1, 2020

MICHAEL SHAWN MACMULLIN  
161 OCEAN BAY DRIVE UNIT 2  
KEY LARGO, FL 33037

SUBJECT: CAPTAIN SHAWN MACMULLIN LLC  
Ref. Number: L20000076688

We have received your document for CAPTAIN SHAWN MACMULLIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

ALL PAGES MUST BE RECEIVED. ONLY PAGE 1 RECEIVED

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young  
Regulatory Specialist II

Letter Number: 320A00016809

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Captain Shawn MacMullin 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:

Michael Shawn MacMullin

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

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

161 OCEAN BAY DR UNIT 2

\_\_\_\_\_  
Address

KEY LARGO, FL 33037

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

shawn@corporatedesignchoice.com

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

For further information concerning this matter, please call:

Michael Shawn MacMullin

305 331-7609  
at ( )

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

Captain Shawn MacMullin 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 March 13, 2020 and assigned

Florida document number L20000076688

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)**

161 OCEAN BAY DR

UNIT 2

KEY LARGO, FL 33037

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

161 OCEAN BAY DR

UNIT 2

KEY LARGO, FL 33037

**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:

Shawn Michael MacMullin

New Registered Office Address:

161 Ocean Bay Drive, Unit 2

*Enter Florida street address*

Key Largo

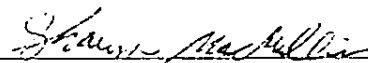
*City*

Florida 33037

*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



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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 15, 2020

Elena Ortega Tauler  
Signature of a member or authorized representative of a member ✓

Elena Ortega Tauler / Legal Representative  
Typed or printed name of Signer