

L23000319986

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813)932-5244
Fax Number : (813)932-3782

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MULLINS SERVICES A/C AND HEAT LLC

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SEP 15 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MULLINS SERVICES A/C AND HEAT LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following.

JANINE SKIPPER

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm Company

2513 SR 54 PMB 336

Address

LUTZ, FL 33549

City State and Zip Code

INFO@activatemylicense.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

JANINE SKIPPER

Name of Person

813

Area Code

524-5530

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MULLINS SERVICES A/C AND HEAT 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 7/1/2023 and assigned
Florida document number L23000319986.

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>
MGR	ERIC J MULLINS	6460 82ND AVE N	<input checked="" type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHALEETA F MULLINS	6460 82ND AVE N	<input checked="" type="checkbox"/> Add
		PINELLAS PARK, FL 33781	<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

D. If amending any other information, enter it separately:

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 a period of time (e.g., "at the discretion of the court" or "at the discretion of the state").

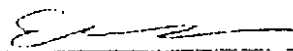
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If the record specifies a delayed effective date, but not an effective time (e.g., "at 12:01 a.m. on the date set forth"), the signatory must file the record as filed.

Dated

9/13

2023



Signature of (insert name of author and representative of the member)

SIGN HERE

PRICEMILLINS

Typed or printed name of signer