

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

m1500000372

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To:

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

From:

Account Name : BURNS LAW OFFICES, P.A.
Account Number : 120140000036
Phone : (305)733-8223
Fax Number : (866)883-7019

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

Email Address: _____

RECEIVED

2021 JAN -5 AM 9:36

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MULLIGANS LBTS ACQUISITION LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MULLIGANS LBTS ACQUISITION LLC

Enter new principal office address, if applicable:

139 N. 2nd Street
Fort Pierce, FL 34950
(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

139 N. 2nd Street
Fort Pierce, FL 34950
(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000010372

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 12/29/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer 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: Gokhan Pakalin

New Registered Office Address: 139 N. 2nd Street
Enter Florida Street Address
Fort Pierce, Florida 34950
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.

Gokhan
If Changing Registered Agent, Signature of New Registered Agent

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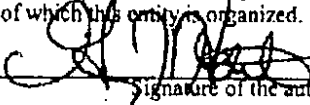
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GEORGE HART	1038 SE OCEAN BLVD SUITE D	<input type="checkbox"/> Add
		STUART, FL 34996	<input checked="" type="checkbox"/> Remove
MGR	Gokhan Pakalin	139 N. 2nd Street	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34950	<input type="checkbox"/> Remove
MGR	Ahmet ALTUNCU	139 N. 2nd Street	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34950	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative
 GEORGE HART

 Typed or printed name of signer

Filing Fee: \$25.00

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