

M18000003369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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05/18/20--01023--030 **25.00

2020 JUN 10 AM 8:54

C GOLDEN

AUG - 4 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Mullins Companies, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cari Constant
Name of Person

The Mullins Companies
Firm/Company

311 N Pine Street
Address

Bunnell, FL 32110
City/State and Zip Code

Admin @ tmc.work / Joe @ tmc.work
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe Mullins at (906) 829-8638
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



TMC Properties

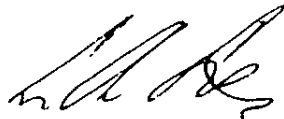
311 N. Pine Street, Bunnell, FLA 32110
(305) 505-2822
admin@tmc.work

May 15, 2020

To: Department of State

Attached please find the amendment request to change the Mailing address and Main office address for The Mullins Companies, LLC. Enclosed you will find check No. 2005 in the amount of \$25.00 for the requested filing fee. Should you need anything further, please contact me directly.

Best regards,



Cari-Anne Constant

Florida Regional Property Manager

admin@tmc.work





2020 JUN 8 10 23 10

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2020

JOSEPH MULLINS
311 N PINE STREET
BUNNELL, FL 32110

SUBJECT: THE MULLINS COMPANIES, LLC
Ref. Number: M18000003369

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 620A00011280

**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)

2020 11 10 AM 8:54

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

State: The Mullins Companies, LLC

Enter new principal office address, if applicable: 311 N Pine Street

(Principal office address
MUST BE A STREET ADDRESS)

Bunnell, FLA 32110

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

311 N Pine Street

Bunnell, FLA 32110

2. The Florida document number of this limited liability company is: M18000003369

3. Jurisdiction of its organization: GA

4. Date authorized to do business in Florida: 04/09/2018

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

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," 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," "L.L.C." 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: _____

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.

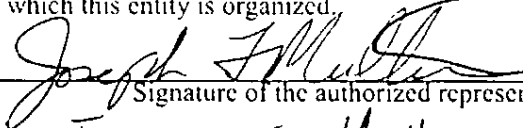
If Changing Registered Agent, Signature of New Registered Agent

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<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

Joseph F. Mullins

Typed or printed name of signee

Filing Fee: \$25.00