

M230000003073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

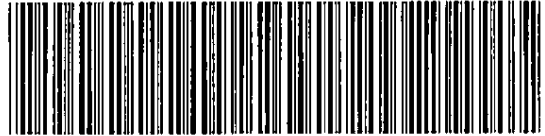
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2023 APR 13 PM 12:49  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BLACK MULE 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:

JOHN ALLEN

Name of Person

Firm/Company

P.O. BOX 1752

Address

FORT MYERS / FLORIDA / 33902

City/State and Zip Code

john@blackmulecoffee.com

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

For further information concerning this matter, please call:

JOHN ALLEN

Name of Person

at ( 239 ) 204-1401

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

**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: BLACK MULE LLC

Enter new principal office 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**)

2. The Florida document number of this limited liability company is: M23000003073

3. Jurisdiction of its organization: \_\_\_\_\_

4. Date authorized to do business in Florida: \_\_\_\_\_

**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

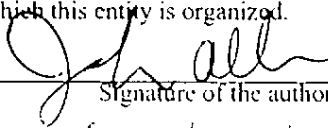
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

Remove Demetric Solomon, Update titles for remaining persons

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	TYRONE GOMES	3940 LAUREL CANYON BLVD 1012	<input checked="" type="checkbox"/> Add
		STUDIO CITY, CA 91604	<input type="checkbox"/> Remove
CEO	JOHN ALLEN	2631 FORD STREET	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33916	<input type="checkbox"/> Remove
VP	JEFFREY ALLEN	35021 FAWNVILLE WAY	<input checked="" type="checkbox"/> Add
		ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Remove
VP	CHRISTOPHER WARD	2608 DAKOTA ROCK DR	<input checked="" type="checkbox"/> Add
		RUSKIN, FL 33570	<input type="checkbox"/> Remove
MGR	DEMETRIC SOLOMON	13129 ROYAL PINES AVE	<input type="checkbox"/> Add
		RIVERVIEW, FL 33579	<input checked="" 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  
JOHN ALLEN  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

2023 APR 13 PM 12:49  
STATE  
FILED



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:	BLACK MULE LLC
Entity No.:	202113310777
Registration Date:	05/10/2021
Entity Type:	Limited Liability Company - CA
Formed In:	CALIFORNIA
Status:	Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 06, 2023.

SHIRLEY N. WEBER, PH.D.  
Secretary of State

2023 APR 13 PM 12:49  
STATE  
CL

Certificate No.: 088040827

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).