

LDS 000040362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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EXAMINER

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09/24/10--01026--028 \*\*745.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 SEP 30 PM 12:45

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# SWEENEY & SWEENEY, S.C.

Attorneys and Counselors  
440 Science Drive, Suite 101  
MADISON, WISCONSIN 53711  
FACSIMILE (608) 238-8262  
TELEPHONE (608) 238-4444

In Boca Raton, Florida:  
750 S. Dixie Highway  
Boca Raton, Florida 33432  
Facsimile (561) 395-9093  
Telephone (561) 395-0000

September 17, 2010

Via Priority Mail

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: MR Capital, LLC**

Dear Sir or Madam:

Enclosed is an original and two (2) copies of the following documents:

- 1) Limited Liability Company Reinstatement; and
- 2) Articles of Amendment.

Also enclosed please find a check for \$745.00 for the following:

- 1) Reinstatement Fee of \$655.00;
- 2) Certified copy of filed Limited Liability Company Reinstatement Fee of \$30.00;
- 3) Articles of Amendment Fee Filing Fee of \$25.00;
- 4) Certified copy of filed Articles of Amendment Fee of \$30.00;
- 5) Certificate of Status Fee of \$5.00.

Please send any return documents in the enclosed self-addressed envelope to:

Sweeney & Sweeney, S.C.  
Attn: Patrick S. Sweeney  
440 Science Drive, Suite 101  
Madison, WI 53711

Please contact us should you have any questions.

Very truly yours,

**SWEENEY & SWEENEY, S.C.**



Patrick S. Sweeney, Esq.

Enclosures

FILED  
2010 SEP 30 PM 12:45  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MR Capital, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/25/2005 and assigned

Florida document number L05000040362

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Frank Capital, LLC

The new name must be distinguishable and end with 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</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 <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 2018 SEP 30 PM 4:45  
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 TALLAHASSEE, FLORIDA

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

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Dated 9/17/10

  
 Signature of a member or authorized representative of a member  
 Frank Liquor Company, Inc., by Michael A. Casey  
 Typed or printed name of signee