

LD50000040362

(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:

*Amend*

Office Use Only



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08/23/13--01022--004 \*\*25.00

2013 AUG 23 AM 8:25  
FBI NEW YORK  
FBI NEW YORK

J. SAULSBERG  
EXAMINE  
AUG 26 2013

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: **FRANK CAPITAL, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Jeff M. Brown**

Name of Person

**Lavalle, Brown & Ronan P.A.**

Firm/Company

**750 S Dixie Hwy**

Address

**Boca Raton FL 33432**

City/State and Zip Code

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

2013 AUG 23 AM 8:25  
STATE  
CLERK  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Jeff M. Brown**

Name of Person

**561 395-0000**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**FRANK CAPITAL, 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 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:**

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)

2115 PLEASANT VIEW ROAD

#620710

MIDDLETON, WI 53562

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
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MAINE  
SECRETARY OF STATE  
2023 AUG 23 PM 3:02

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

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Dated August 21st, 2013

  
Signature of a member or authorized representative of a member

Jeff M. Brown (Registered Agent)

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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STATE  
FLORIDA