

L14000187976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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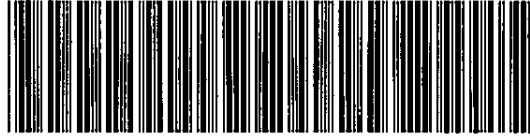
(Business Entity Name)

(Document Number)

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15 FEB -9 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers FEB 16 2009

**CapSun MHP, LLC**  
2125 West Washington Street  
West Bend, WI 53095

Tel. (262) 334-4444

FAX (262) 306-2880

February 4, 2015

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

RE: *Articles of Amendment - Name Change*

To Whom It May Concern:

Enclosed please find the original signed Articles of Amendment changing the name from CapSun MHP, LLC to Mary Ann MHP, LLC along with a check in the amount of \$60.00 as the filing fee, certificate of status fee and certified copy fee.

Thank you for your attention to this matter. If you have any questions please contact the undersigned.

Very truly yours,

HICKMANN & HICKMANN, S.C.

  
Michael P. Hickmann, Esq.

MPH:bjd

Enclosures

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CapSun MHP, 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:

Mike Hickmann

Name of Person

Premier Management Group, LLC

Firm/Company

2125 W. Washington Street

Address

West Bend, WI 53095

City/State and Zip Code

bonniejschaefer@att.net

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

For further information concerning this matter, please call:

Mike Hickmann

at (608) 215-3328

Name of Person

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**

CapSun MHP, 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 12/9/2014 and assigned  
Florida document number L14000187976.

This amendment is submitted to amend the following:

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

Mary Ann MHP, 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

City

Florida

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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ATTORNEY GENERAL  
TALLAHASSEE, FLORIDA

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 4, 2015



Signature of a member or authorized representative of a member

Michael P. Hickmann

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
15 FEB -9 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA