

L18000090782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

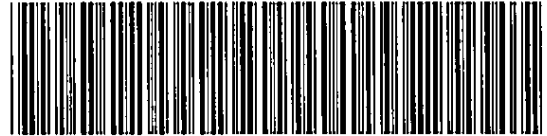
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN - 6 AM 11:31

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JUN 07 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MU CONSULTING 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:

Thimo Rohland

Name of Person

MU Consulting LLC

Firm/Company

21740 S Tamiami Trl, Suite 112

Address

Estero, FL 33928

City/State and Zip Code

thimo@manatee-group.com

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

For further information concerning this matter, please call:

Thimo Rohland

239 278-1452
at ()

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	Thimo Rohland	21740 S Tamiami Trl	<input checked="" type="checkbox"/> Add
		Suite 112	<input type="checkbox"/> Remove
		Estero, FL 33928	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 31st, 2018

[Handwritten signature]

Signature of a member or authorized representative of a member

Max Ulbrich

Typed or printed name of signee



State Farm Mutual Automobile Insurance Company
State Farm Fire and Casualty Company

Acknowledgment of Coverage Selection or Rejection

Uninsured Motor Vehicle Coverage — Florida

YOU ARE ELECTING NOT TO PURCHASE CERTAIN VALUABLE COVERAGE WHICH PROTECTS YOU AND YOUR FAMILY OR YOU ARE PURCHASING UNINSURED MOTORIST LIMITS LESS THAN YOUR BODILY INJURY LIABILITY LIMITS WHEN YOU SIGN THIS FORM. PLEASE READ CAREFULLY.


Uninsured Motor Vehicle Coverage provides for payment of certain benefits for damages caused by owners or operators of uninsured motor vehicles because of bodily injury or death resulting therefrom. Such benefits may include payments for certain medical expenses, lost wages, and pain and suffering, subject to limitations and conditions contained in the policy. For the purpose of this coverage an uninsured motor vehicle may include a motor vehicle as to which the bodily injury liability limits, if any, are less than your damages.

This coverage can be purchased in either a **"Stacking"** form or, for a reduction in premium, a **"Non-Stacking"** form. **"Stacking"** is not available for policies with a named insured that is not a natural person.

If you select the **Stacking** option, and you or a resident family member are injured by an uninsured motorist, and the injured person's damages exceed the limits of the policy on the motor vehicle which the injured person is occupying, the injured person can add the coverage under two or more household policies to determine the limit of coverage that may be available to him/her.

If you select the **Non-Stacking** option and you or a resident family member are injured by an uninsured motorist, except as provided in (1) below, the injured person may not add together coverage under two or more household policies to determine the total limits of coverage that may be available to him/her. Except as provided in (1) below, the coverage available to the injured person is only the coverage available as to that motor vehicle he/she was occupying. The non-stacking form is also subject to the following:

- (1) If the injured person is occupying a motor vehicle not owned by him/her or a family member who resides with him/her, he/she may add to the coverage on the car occupied the highest limits of coverage afforded for any one vehicle insured by him/her or any family member who resides with him/her.
- (2) If the injured person is occupying a motor vehicle owned by him/her or a family member who resides with him/her, there is no coverage if uninsured motorist coverage was not purchased on that vehicle.
- (3) If the injured person is not occupying a motor vehicle at the time of the accident, he/she may select the coverage afforded for any one vehicle insured by him/her or any family member who resides with him/her. No other policy will apply.

Signature on
next page 



Selection or Rejection of Coverage

Florida law requires that motor vehicle liability policies include "stacking" Uninsured Motor Vehicle Coverage, unless you select "non-stacking" coverage. "Stacking" is not available for policies with a named insured that is not a natural person. The selected coverage must be at limits equal to the Liability Coverage limits for bodily injury in your policy, unless you select lower limits of coverage. You also have the right to reject Uninsured Motor Vehicle Coverage.

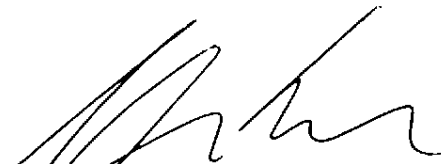
Select one of the options below:

- ☐ I reject all forms of Uninsured Motor Vehicle Coverage.
- ☐ I reject the stacking form of Uninsured Motor Vehicle Coverage and, instead, select the non-stacking form of Uninsured Motor Vehicle Coverage with limits equal to my Liability Coverage limits for bodily injury.
- ☐ I reject Uninsured Motor Vehicle Coverage with limits equal to my Liability Coverage limits for bodily injury and, instead, select the stacking form of Uninsured Motor Vehicle Coverage with lower limits of \$ _____ / \$ _____
Each Person Each Accident
- ☒ I reject Uninsured Motor Vehicle Coverage with limits equal to my Liability Coverage limits for bodily injury and, instead, select the non-stacking form of Uninsured Motor Vehicle Coverage with lower limits of \$ **50,000** / \$ **100,000**
Each Person Each Accident

I understand and agree that, unless a named insured requests in writing the deletion of such limitations and pays the appropriate premium for such coverage, this acknowledgment of coverage selection or rejection shall be:

- (1) binding on all insureds under the policy; and
- (2) applicable to the policy of insurance on the vehicle described below, and to any policy which renews, extends, changes, supersedes, or replaces this policy with the same bodily injury liability limits.

2018	JEEP CHEROKEE	
Year of vehicle	Make and model of vehicle	
1C4PJLLX3JD524341	E96 4265-E14-59	59-2598
Vehicle Identification Number	Application/Policy number	Agent code
MANATEE MARKETING & DEVELOPMENT GROUP INC		
Named Insured(s) or Spouse (as appearing on the application or policy)		



Signature of any Named Insured/Applicant
(If a business, a company representative should print and sign here)

Date (MM/DD/YYYY)

SIGNATURE