# 11000044217

(Re	questor's Name)	
bA)	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
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## **COVER LETTER**

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# Registration Section Division of Corporations то: і

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SUBJECT: Zapala Land. LLC

Name of Limited Liability Company

491 1 1 4 - 1 - 1 - 1 - 1		1		
	mendment and fee(s) are sub- dence concerning this matter	-		
Thease return an correspon	Davie E. Dought. Manager	-		
	Zapala Land, LLC	Name of Person	<u> </u>	
	1000 East St. Mary Boulev	Firm/Company ard	·	
	Lafayette, Louisiana 70502	Address		
	dought@beanresources.co	City/State and Zip Code m		
For further information co	E-mail address: () neerning this matter, please ca	to be used for future annual report notific all:	ation)	
Davie E. Dought		337 234-2326 at ( )		
Name of	Person		Felephone 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 State Certified Copy (additional copy is end)	_
(Registrat Division P.O. Boy	NG ADDRESS: tion Section of Corporations < 6327 see, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Zapala Land, 1.1.C		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on	and assigned
Florida document number 111000044217		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "1.1.C" or the abb	reviation "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)		
	The statement of the second	the name of the name
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>enter i</u>	ne name or me new
Name of New Registered Agent:		یتوا
New Registered Office Address:		- المحمد الم المحمد المحمد
	Enter Florida street address	
	, Florida	Zip Code
	1 (4)	sup cone so

New Registered Agent's Signature, if changing Registered Agent:

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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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

#### MGR = Manager AMBR = Authorized Member

¢

Title	<u>Name</u>	Address	Type of Action
MGR	Thomas A. Giosa	1000 East St. Mary Boulevard	Add
		Lafayette, Louisiana 70503	Remove
			□ Change
MGR	George Thomas Hovis, Jr.	1000 East St. Mary Boulevard	
		Lafayette, Louisiana 70503	
			C Remove
			Change
			Add
			Remove
			Change
			🗆 Add
			O Remove
			Change
			🖸 Add
			Remove
			Change
		,	🖸 Add
			🗆 Remove
			Change

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

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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.

November 7 Dated	2018
	· ·
$\mathcal{O}$	m -
	Signature of a member or authorized representative of a member

Davie E. Dought, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00