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SECRETARY OF STATE
TALL MRASSIE, FLORIDA

S. WARREN MAR 1 3 2018

## **COVER LETTER**

	egistration Sec ivision of Corp			
CHRIECT	Pat O Build			
SUBJECT	•		ted Liability Company	<del>- •</del>
The enclose	ed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please retu	rn all correspo	ndence concerning this matter t	to the following:	
		Mark S. Embree		
			Name of Person	
		Adams and Reese LLP		
			Firm/Company	
		701 Poydras Street, Suite 4	500	
			Address	
		New Orleans, Louisiana 70	0139	
			City/State and Zip Code	<del></del>
		mark.embree@arlaw.com		<del></del>
		E-mail address: (t	to be used for future annual report noti	heation)
For further	information co	oncerning this matter, please ca	ill:	
Mark S. E	mbree		504 585-0247 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	s a check for th	ne 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

Pat O Building, LLC	
( <u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number 1.11000049355	ompany were filed on April 26, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records, enter the name of the new ess here:
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 a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and sent as provided for in Chapter 605, F.S. Or, if this document is d office address. I hereby confirm that the United Hability
	If Changing Registered Agent, Signature of New Registered Agent,

Page 1 of 3

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>	Address	Type of Action
MGR	Dick J. Guidry	18389 East Main Street	□ Add
		Galliano, LA 70354	Remove
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_/		Signature on	ember or author	and representative	of a member	<u> </u>	<del>**</del> ***	<b>.</b> .
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Robert								_
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