L13000155862

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COVER LETTER

TO:

Registration Section
Division of Corporations

Bean Team Network LA, 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:

Charles Musgrove

Name of Person

Bean Team Network, LLC

Firm/Company

2001 Thomasville Rd

Address

Tallahassee, FL 32308

City/State and Zip Code

cmusgrove@beanteam.com

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

For further information concerning this matter, please call:

Patrick Monroe

850 661- 8464

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



13 DEC -2 AH 11: 40

SECTE STATE

Bean Team Network LA, 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 w	vere filed on 11/5/2013	and assigned
Florida document number L13000155862		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC"	or the abbreviation
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 offi		name of the new
registered agent and/or the new registered office address here:		
Name of Nam Designated Assess		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ete performance of my duties, and I am f rovided for in Chapter 608, F.S. Or, if th	familiar with and his document is

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>	Name	4	Address	Type of Action
MGR	Lindsay DeVilleneuve	:	925 Rapapel St. Mandeville, LA 70448	Add
				Remove
				
		•		
		-		
		•		Remove
		-		
				Add
				Remove
		-		- □
		-		_ L Add
		•		Remove
				_
				Add
		_		Remove
		-		Add
		-		
		-		Remove

1 ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
_	
_	
i	
	Jotrek Margo
	Signature of a member or authorized representative of a member
	Patrick Monroe
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00