## #L 13000155862

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	······································
(Cit	y/State/Zip/Phone :	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	<u>)</u>
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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K.SALY EXAMINER APR 2 2 2015

## **COVER LETTER**

TO: Registration S Division of Co			
Bean Te	eam Network LA, LLC		
SUBJECT:	Name of Limi	ted Liability Company	-
	Amendment and fee(s) are sub-	-	
	Nick Calabro		
		Name of Person	
	Bean Team		
		Firm/Company	<del></del>
	2001 Thomasville Re	oad	
	-	Address	
	Tallahassee, FL 323	308	
		City/State and Zip Code	
	ncalabro@beanteam	.com to be used for future annual report notific	cation)
For further information	concerning this matter, please c	•	,
Nick Calabro		850 270-5636	
Name	of Person	at () 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)
MAI	LING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOIS APR 21 AM 9:57

TALLAMASSEE FLORIDA

Bean Team Network LA, LLC

company has been notified in writing of this change.

(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 Compar	iy were filed on IN	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 lia	ibility company ho	ere:
The new name must be distinguishable and end with the words "Limited Li	ability 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 of	n our records enter the name of the ne
registered agent and/or the new registered office address h		our records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Augusts.	Enter Flo	orida street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>	
I hereby accept the appointment as registered agent and a	gree to act in this	capacity. I further agree to comply with th
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a		
haing filed to marely reflect a change in the registered offi		

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

Title	<u>Name</u>	Address	Type of Action
MBR	Bean Team Network, LLC	2001 Thomasville Road	
		Tallahassee, FL 32308	■ Remove
MBR	CAPM Holdings, LLC	2001 Thomasville Road	Add
		Tallahassee, FL 32308	☐ Remove
			Remove
			2015 APRE 21 Remove 9: 57
			□ Add
			Remove
			Remove

tive date, if other than the date of filing	: e of receipt or filed date and c	(optional)
		•
late this document is filed by the Florida Departmen	of State)	·
d April '	2015	
April '  Cay May Asignature of a n	2015	ntative of a member

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Filing Fee: \$25.00

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