

M140000001466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

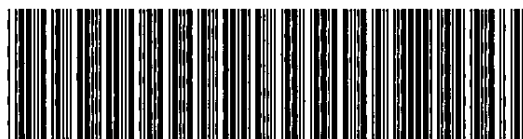
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAY 16 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY 15 PM 3:43

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **LDJ ARCHITECTURE , P.L.L.C.**  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Susan LeBatard**

Name of Person

**LDJ Architecture PLLC**

Firm/Company

**2554 Beach Blvd. Suite D**

Address

**Biloxi, MS 39531**

City/State and Zip Code

**slebatard@ldjarchitecture.com**

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

For further information concerning this matter, please call:

**Susan LeBatard**

Name of Person

at ( **228** ) **388-5099**

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LDJ ARCHITECTURE, P.L.L.C.

Enter new principal office address, if applicable: N/A

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M14000001466

3. Jurisdiction of its organization: Mississippi

4. Date authorized to do business in Florida: March 05, 2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Lebatard Architecture, P.L.L.C.  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: N/A

New Registered Office Address: N/A

*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 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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

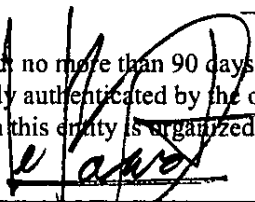
N/A

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

N/A

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

**Michael A. LeBatard**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**



DELBERT HOSEMANN  
*Secretary of State*

**Office of the Secretary of State**  
Jackson, Mississippi

Lebatard Architecture, P.L.L.C.

Business ID: 917083

The attached 1 pages are true and correct copies of documents filed in the Mississippi Secretary of State's Office pursuant to the Mississippi Code of 1972 Annotated.

This the 11th day of May, 2017.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAY 15 PM 3:43

Given under my hand and seal of office  
the 11th day of May, 2017

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMAN, JR.  
*Secretary of State*

Certificate Number: CN17036972

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>

**F0012**

**2017169340**

**Fee: \$ 50**



**DELBERT HOSEMANN**  
*Secretary of State*

**P.O. BOX 136**  
**JACKSON, MS 39205-0136**

**Business ID: 917083**  
**Filed: 04/27/2017 02:25 PM**  
**C. Delbert Hosemann, Jr.**  
**Secretary of State**

**TELEPHONE: (601) 359-1633**

**Articles/Certificate of Amendment**

**Business Details**

***Business ID:*** 917083

***Business Name:*** LDJ Architecture, P.L.L.C.

**Current Business Name**

***Business Name:*** LDJ Architecture, P.L.L.C.

**Amended Business Name**

***Business Name:*** Lebatard Architecture, P.L.L.C.

**Signature**

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day **04/27/2017**.

***Name:***

**MICHAEL ALTON LEBATARD**  
***President***

***Address:***

**2554 BEACH BLVD., SUITE D**  
**BILOXI, MS 39531**

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**17 MAY 15 PM 3:43**