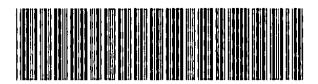
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Office Use Only



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R :VA !!

### **COVER LETTER**

TO: Registration Division of	n Section Corporations			
SUBJECT: The So	essions Firm, LLC			
	Name of Foreign	ı Limited Lia	bility Co	mpany
Dear Sir or Madam	:			
The enclosed appli-	cation, certificate and fee(s)	are submitted	for filing	<u>.</u>
Please return all co	rrespondence concerning thi	s matter to the	2 followii	ag:
Bryan Shartle, Esq.				
	Name of Person			
Sessions, Israel & Sha	artle, LLC			
	Firm/Company		_	
3850 N. Causeway B	lvd., Suite 200		_	
	Address	•		
Metairie, LA 70002-7	227			
	City/State and Zip Code		_	
bshartle@sessions.leg	gal			
E-mail address: (	to be used for future annual	report notifie	ation)	
For further informa	tion concerning this matter,	please call:		
Harold Aucoin		at ( <u>9</u> 85	249-1-	406
Nai	ne of Person	Area Cod	e & Dayt	ime Telephone Number
P.O. Box 6	n Section Corporations		Divisio The Ce 2415 N	ddress: ation Section on of Corporations ntre of Tallahassee J. Monroe Street, Suite 810 assee, FL 32303
Enclosed is □\$25 Filing Fee CR2E055 (9/15)	a check for the following a  \$30 Filing Fee & Certificate of Status	imount:    \$55 Filing   Certified (		☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 12, 2020

BRYAN SHARTLE ESQ 3850 N CAUSEWAY BLVD STE 200 METAIRIE, LA 70002-7227

SUBJECT: THE SESSIONS FIRM, LLC

Ref. Number: M15000006390

We have received your document for THE SESSIONS FIRM, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White

Regulatory Specialist II Supervisor Letter Number: 320A00025078

مصديقين والأراب والمصدونات بالروا معمر فالمدونين المواودات الأراب والمائي والمراود والمصدوق والمصدوق والمائم والمائم

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Sessions Firm, LLC	
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	s matter to the following:
Bryan Shartle, Esq.	
Name of Person	
Sessions, Israel & Shartle, LLC	
Firm/Company	<del></del>
3850 N. Causeway Blvd., Suite 200	
Address	
Metairie, LA 70002-7227	
City/State and Zip Code	
bshartle@sessions.legal	
E-mail address: (to be used for future annual)	report notification)
For further information concerning this matter, p	please call:
Harold Aucoin	985 249-1406
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	mount:
	☐ \$55 Filing Fee & ☐ \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy
CR2E055 (9/15)	certified copy

# 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 ap	pears on the records of the Florida Department of
State: The Sessions Firm, LLC	
Enter new principal office address, if applicab	le:
( <u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u> )	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
7. The Florida document number of this limite	ed liability company is: M15000006390
2. The Florida document humber of this fiffile	d naonity company is:
3. Jurisdiction of its organization: Louisiana	7: 
4. Date authorized to do business in Florida:	08/04/2015
SECTION II (5-9 complete only the applica	
5. New name of the limited liability company	Sessions, Israel & Shartle, LLC
(	must contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name ado copy of the written consent of the managers or must contain "Limited Liability Company," "I	pted for the purpose of transacting business in Florida and attach a managing members adopting the alternate name. The alternate name L.L.C." or "LLC.")
6. If amending the registered agent and/or regi registered agent and/or the new registered office	stered officer address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida Street Address
	, Florida
	City Zip Code
the provisions of all statutes relative to the proand accept the obligations of my position as re	agent and agree to act in this capacity. I further agree to comply with per and complete performance of my duties, and I am familiar with gistered agent as provided for in Chapter 605, F.S. Or, if this age in the registered office address. I hereby confirm that the limited
	If Changing Registered Agent, Signature of New Registered Agent

3. If the amendment c	hanges person, title or capacity in ac	cordance with 605.0902 (1)(e), indic	ate that change:
Fitle/ Capacity	Name	Address	Type of Action
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			CRemov
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			□Remov
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			□Remov
			□Remov
			□Add
aforementioned amo	ne law of which this entity is obgani	he official having custody of records	Removes in the

Filing Fee: \$25.00

## R. Kyle Ardoin SECRETARY OF STATE

10/28/2020

State of Louisiana Secretary of State



COMMERCIAL DIV 225.925.4704

Administrative Ser 225.932.5317 | Corporations 225.932.5314 | Uniform Commercia 225.932.5318

ONLINE FILING haucoin@sessions.legal

### SESSIONS, ISRAEL & SHARTLE, LLC

It has been a pleasure to approve and place on file your name change. The appropriate evidence is attached for your files.

Payment of the filing fee is acknowledged by this letter.

In addition to email and text notifications, business owners now have the option to enroll in our secured business filings (SBF) service. This service is available online, at no charge, by filing a notarized affidavit. Upon enrollment, an amendment cannot be made to your entity without approval using your personal identification number. This is another way to protect your business from fraud and identity theft.

Please note that as of January 1, 2018, business owners in the following parishes will be required to file all available business documents online through geauxBIZ: Ascension, Bossier, Caddo, Calcasieu, East Baton Rouge, Jefferson, Lafayette, Livingston, Orleans, Ouachita, Rapides, St. Tammany, Tangipahoa and Terrebonne.

Online filing options are available if changes are necessary to your registration or if you need to file an annual report. Please visit our website at **GeauxBiz.com** for your futur business needs.

Sincerely,

The Commercial Division WEB

R. Kyle Ardoin
SECRETARY OF STATE

Secretary of State



225.925.4704

Administrative Serv
225.932.5317 F
Corporations
225.932.5314 F
Uniform Commercial
225.932.5318 F

October 28, 2020

The attached document of SESSIONS, ISRAEL & SHARTLE, LLC was received and filed on October 28, 2020.

WEB 41662907K

Web Site Address: www.sos.la.gov

#### STATE OF LOUISIANA

### NAME CHANGE AMENDMENT

R.S. 12:1309

Old Name:

THE SESSIONS FIRM, LLC

New Name:

SESSIONS, ISRAEL & SHARTLE, LLC

**Date Amendment Adopted:** 

10/28/2020

Manner of Adoption:

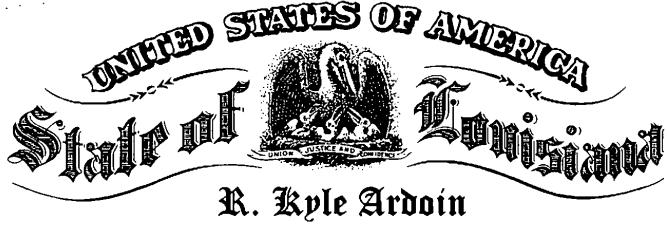
UNANIMOUSLY APPROVED BY MEMBERS

The filing of a false public record, with the knowledge of its falsity, is a crime, subjecting the filer to fine or imprisonment or both under R.S. 14:133.

BY TYPING MY NAME BELOW, I HEREBY CERTIFY THAT I AM A MEMBER/MANAGER.

**ELECTRONIC SIGNATURE:** BRYAN SHARTLE (10/28/2020)

TITLE: MEMBER - MANAGER



SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify tha

### **SESSIONS, ISRAEL & SHARTLE, LLC**

A limited liability company domiciled in METAIRIE, LOUISIANA,

Filed charter and qualified to do business in this State on October 08, 2014,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

November 3, 2020

/2 12fe /162 Suretary of State

Web 41662907K



Certificate ID: 11293767#93P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov