

M/6000006582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

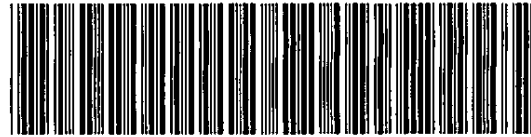
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2017 JUN -2 AM 10:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 05 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAPP, Commercial, 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 matter to the following:

Laura Fontenot

Name of Person

MAPP, LLC

Firm/Company

344 Third Street

Address

Baton Rouge, LA 70801

City/State and Zip Code

lfontenot@mappbuilt.com

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

For further information concerning this matter, please call:

Laura Fontenot

Name of Person

at (225) 408-7716

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

**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: MAPP Commercial, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M16000006582

3. Jurisdiction of its organization: Louisiana

4. Date authorized to do business in Florida: 8/15/2016

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

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

MAPP, LLC of Louisiana

(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: _____

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 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

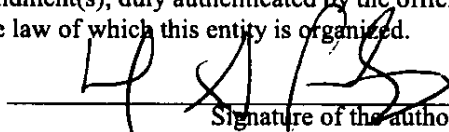
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<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
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.

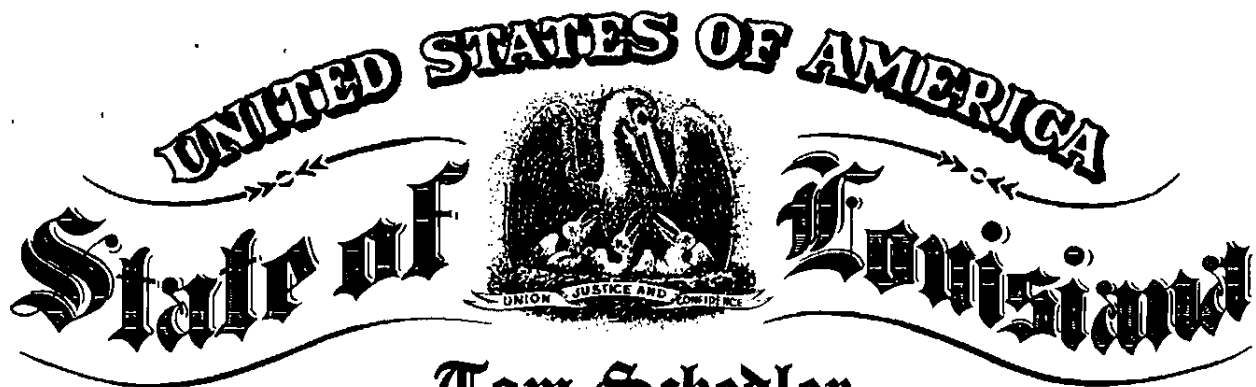

Signature of the authorized representative

Michael A. Polito

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Tom Schedler

SECRETARY OF STATE

As Secretary of State of the State of Louisiana, I do hereby Certify that

the Articles of Organization of

MAPP, LLC

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on March 27, 2001,

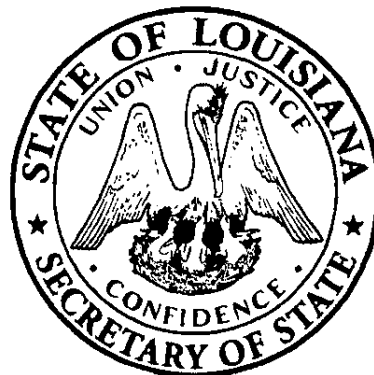
I further certify that no Certificate of Dissolution or Termination has been issued.

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,

May 24, 2017

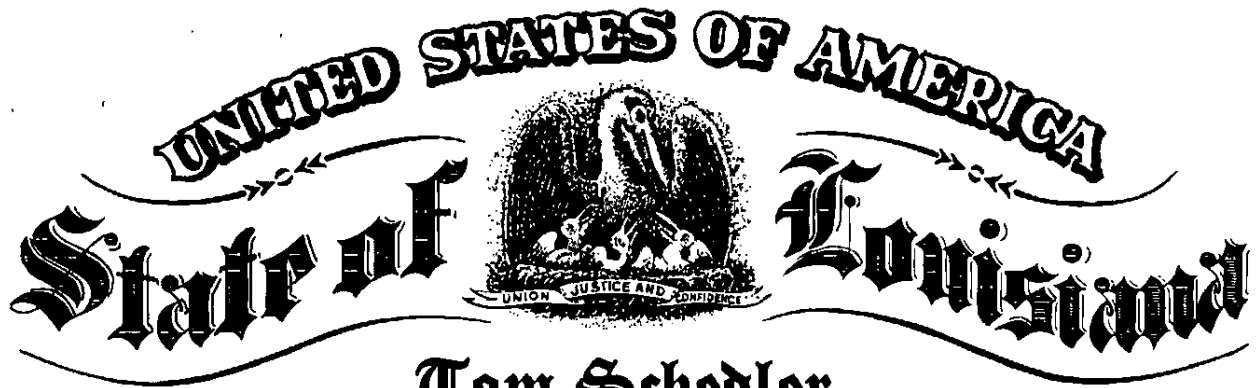
Secretary of State

Web 35063808K



Certificate ID: 10831837#CSL73

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



Tom Schedler
SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that
the attached document(s) of

MAPP, LLC

are true and correct and are filed in the Louisiana Secretary of State's Office.

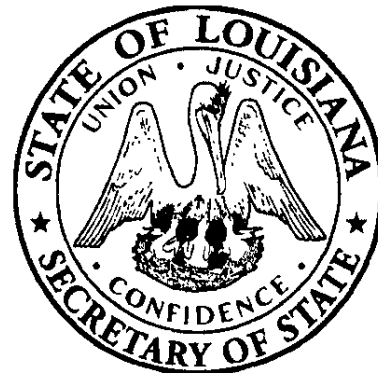
35063808K	ORIGF	3/27/2001	7 page (s)
42306712	1308	6/20/2016	1 page (s)
42323087	NMCHG	7/8/2016	1 page (s)
42508513	1308	1/6/2017	1 page (s)
42604230	NMCHG	3/31/2017	1 page (s)
42611457	17 AR	4/7/2017	1 page (s)

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,

April 13, 2017

Secretary of State

WEB 35063808K



Certificate ID: 10817844#HTL73

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

STATE OF LOUISIANA

PARISH OF EAST BATON ROUGE

ARTICLES OF AMENDMENT
TO ARTICLES OF ORGANIZATION
OF MAPP COMMERCIAL, LLC
CHANGING ITS NAME TO MAPP, LLC

BE IT KNOWN, that on the 30th day of March, 2017, personally came and appeared before me, the undersigned Notary Public, the person named below, of the full age of majority, who declared to me, in the presence of the undersigned competent witnesses, that he is the sole manager of MAPP Commercial, LLC, a Louisiana limited liability company, and is duly authorized to appear herein, and that under the provisions of the Louisiana Limited Liability Law (La. R.S. 12:1301 et seq.), and in particular Section 1309 thereof, does hereby amend and restate Article I of the Articles of Organization thereof to read in its entirety as follows:

"ARTICLE I

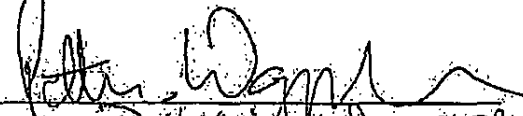
The name of this limited liability company is MAPP, LLC."

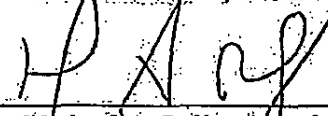
The appearer did further declare that this Amendment to the Articles of Organization of this limited liability company was duly authorized and approved by written consent of the sole member of MAPP Commercial, LLC, dated March 30, 2017.


THUS DONE, READ AND SIGNED on this 30th day of March, 2017, in multiple originals, in the Parish of East Baton Rouge, State of Louisiana, in the presence of the undersigned competent witnesses and me, Notary, after due reading of the whole.

WITNESSES:

MAPP COMMERCIAL, LLC


Print name: Patricia A. Jaggensack

By: 
Michael A. Polito, its sole Manager


Print name: Terry Remondet Jr.


Notary Public
Print Name: Laura Fontenot Notary/Bar No. My Commission is for Life.

