Nancy Landry SECRETARY OF STATE

STATE OF LOUISIANA SECRETARY OF STATE



Commercial Division (225) 925-4704

<u>Fax Numbers</u> (225) 932-5314 Corporations (225) 932-5317 Legal Services (225) 932-5318 UCC

TRANSMITTAL INFORMATION For All Business Filings

Please indicate below	the level of service request	ed, payment and contact information
Routine Expedi	te \$30 Priority Expedite processing 2-4 hour processing	
Check or Money Order En	closed	
Oo not put credit card informatior	on this form. You may save payment in	nformation in your geauxBIZ profile under master account.
Business Name (List exactly as it a	ppears in documents)	
Name of person filing document (ev	idence of filing will be mailed to this person, a	t address below)
Address		
City	State	Zip Code
Daytime phone number	Fax number	Email address
documents online t Rouge, Jefferson, L	the following parishes will be requirough geauxBIZ: Ascension, Bosafayette, Livingston, Orleans, Ouarebonne. Please visit our website	sier, Caddo, Calcasieu, East Baton chita, Rapides, St. Tammany,
NOTE: Louisiana Law requ	ires all Louisiana notaries to print	or type their name and notary or
bar roll number on	the document.	
	Address: P. O. Box 94125, Bator Location: 8585 Archives Ave., B Web Site Address: www	aton Rouge, LA * 70809

SS984 Rev. 01/25

Nancy Landry Secretary of State



NOTICE OF CHANGE OF MEMBERS AND/OR MANAGERS OF A LIMITED LIABILITY COMPANY

Enclose \$25 filing fee Domestic Limited Liability Company Make remittance payable to Secretary of State

Do Not Send Cash

Return to: Commercial Division

P.O. Box 94125

Baton Rouge, LA 70804-9125

(225) 925-4704 www.sos.la.gov

REMOVAL OF N	MEMBERS AND/OR MANAGERS	
tice is hereby given that the above named ly the titles indicated will be removed.	I limited liability company authorized the removal of the	following:
Name and Title	Name and Title	_
Name and Title	Name and Title	_
Name and Title	Name and Title	_
	To be signed by a member or manager MEMBERS AND/OR MANAGERS imited liability company has authorized the addition of the d.	Da ne
e is hereby given that the above named li	MEMBERS AND/OR MANAGERS imited liability company has authorized the addition of the diagram.	
ce is hereby given that the above named li ving: <i>Only the titles indicated will be adde</i>	MEMBERS AND/OR MANAGERS imited liability company has authorized the addition of the	
ce is hereby given that the above named li ving: <i>Only the titles indicated will be adde</i>	MEMBERS AND/OR MANAGERS imited liability company has authorized the addition of the diagram.	
te is hereby given that the above named living: Only the titles indicated will be added	MEMBERS AND/OR MANAGERS imited liability company has authorized the addition of the d. Municipal Address	
ce is hereby given that the above named living: Only the titles indicated will be added Name and Title Name and Title	MEMBERS AND/OR MANAGERS imited liability company has authorized the addition of the d. Municipal Address Municipal Address	

SS983A Rev. 01/24 (See instructions on back)

INSTRUCTIONS

- 1. This form is to be used when an existing domestic limited liability company changes the Member(s) and/or Manager(s).
- 2. The Change of Member(s) and/or Manager(s) must be signed by a manager, if management of the limited liability company is vested in one or more managers, or by at least one member, if management of the limited liability company is reserved to the members.