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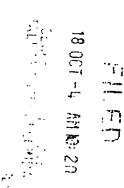
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COVER LETTER

TO: Registration Se Division of Cor				
LAVILLA SUBJECT:	SQUARE, LLC			
SOBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	RICHARD DANFORD			
		Name of Person		
	LAVILLA SQUARE, LLC			
		Firm/Company		
Finu/Company 4928 TOP ROYAL LANE				
	·	Address		
	JACKSONVILLE / FLOR	IDA / 32277		
	FDANFORD@DANFORD	City/State and Zip Code INTERNATIONAL.COM		
	E-mail address: ()	to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please ca	all:		
RICHARD DANFORD		9()4 612-2494 at ()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne 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	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAVILLA SQUARE, LLC (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 Company were filed on AUGUST 30, 2001 __ and assigned Florida document number L01000014895 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	FAITH DANFORD	4928 TOP ROYAL LANE JACKSONVILLE FL 32277	= Add
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Effective date, if other than the date of filing: _ If an effective date is listed, the date must be specific and cam. Note: If the date inserted in this block does not meet document's effective date on the Department of State	not be prior to the applicat	odate of filing	g or more than s	90 days after	filing.) Pur		
he record specifies a delayed effective date The 90th day after the record is filed.	e, but not	an effect	ive time, a	t 12:01 a	a.m. on	the ea	ırlier c
Dated SEPTEMBER 28 20	018		_	\neg	,	7	
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Typed or printed name of signee

Filing Fee: \$25.00