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COVER LETTER

	gistration Sec ision of Corp			
SUBJECT:	LaVilla Dev	velopment Group, LLC		
ocholet.		Name of Limi	ited Liability Company	
The enclosed	I Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		David R. Phillips, Esq.		
			Name of Person	
		David R. Phillips, P.A.		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1314 S Ft. Harrison Avenu	e, Suite A	
			Address	
		Clearwater, FL 33756		
			City/State and Zip Code	
		david@dphillipslaw.com		
		E-mail address: (t	to be used for future annual report notifi	cation)
For further is	nformation co	oncerning this matter, please ca	all:	
David R. Ph			727 300-1399 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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

ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
Liability Company	were filed on March 3, 2003	and assigned
•		
llowing:		
of the limited liab	ility company here:	
words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
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)		
		r the name of the
David R. Phillip	ps, Esq.	O MAY
.	rison Avenue, Suite A	
.		### 12 20 X 19 X 12 30 X 19 X 12 30 X 19 X 1
	nited Liability Compa (A Florida Limited I Liability Company Liability Company llowing: of the limited liab words "Limited Liabilicable: EET ADDRESS) EBOX) d/or registered of	of the limited liability company here: words "Limited Liability Company," the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the designation "LLC" or the action of the limited Liability Company, the limited Liability Company is action of the liability Com

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

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>	Address	Type of Action
MGRM	Gregory H. Forbes	901 Vale Orchard Lane	□ Add
		Jacksonville, FL 32207	■ Remove
			□ Change
MGR	William L. Williams, III	602 Channelside Drive	■ Add
		Tampa, FL 33602	□ Remove
			□ Change
MGR	Matthew T. Pallardy	514 N. Franklin Street, Suite 106	
		Tampa, FL 33602	□ Remove
			□ Change
			Add
			□ Remove
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Filing Fee: \$25.00