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COVER LETTER

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Registration Section Division of Corporations

TI J BJECT:	IE ALLI	ANCE GROUP OF TAMPA E	BAY VIII, LLC	
		Name of Lim	ited Liabihty Company	
e enclosed Ar	ticles of	Amendment and fee(s) are sub	mitted for filing.	
ase return all	correspo	ondence concerning this matter	to the following:	
		Jeffrey C Steinert		
			Name of Person	
		Pepple Cantu Schmidt PLI	LC	
			Firm/Company	
		801 2nd Avenue, Suite 700)	
			Address	
		Scattle, WA 98104		
			City/State and Zip Code	
		JSTEINERT@PCSLEGAL		
			to be used for future annual report noti	fication)
r further infor	mation c	oncerning this matter, please co	all:	
ffrey C Steine	rt		206 625-9984 at ()	
	Name o	f Person	at ()	e Telephone Number
closed is a ch	eck for t	he following amount:		
i \$25.00 Filin	ig 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)
Regist Divisi P.O. E	on of C Box 632	Section Corporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE ALLIANCE GROUP OF TAMPA BAY VIII, LLC

(Name of the Limited Liability Co	ited Liability Company)
e Articles of Organization for this Limited Liability Comporida document number $\angle \varphi \circ \varphi \circ \varphi \circ Z$. S	pany were filed on $\frac{12/29/09}{559}$ and assigned
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited	liability company here:
new name must be distinguishable and contain the words "Limited I.	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
incipal office address MUST BE A STREET ADDRESS	S 29
ter new mailing address, if applicable:	MAX TIME
ailing address MAY BE A POST OFFICE BOX)	<u> </u>
	SELECTION OF THE SELECT
**	ice address on our records, enter the name of the new registered
ent and/or the new registered office address here:	m 🧸 🙀 m
Name of New Registered Agent:	
New Registered Office Address:	D D
	Enter Florida street address
	Florida
	City Zip Code
w Registered Agent's Signature, if changing Registered Ag	ent:
ovisions of all statutes relative to the proper and comprept the obligations of my position as registered agent	agree to act in this capacity. I further agree to comply with the dete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
If	Changing Registered Agent, Signature of New Registered Agent

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

GR = Manager MBR = Authorized Member

<u>tle</u>	Name	Address	Type of Action
GR 	ARMFLO, LLC	4015 CARROLLWOOD VILLAGE DRIVE	□Add
		TAMPA, FL 33618	■Remove
iGR	ALLIANCE EQUITY, LLC	4015 CARROLLWOOD VILLAGE DRIVE	= Add
		TAMPA, FL 33618	□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Add
			□Remove
			□Change

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Filing Fee: \$25.00