

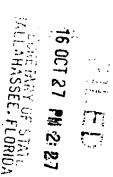
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	LAVAPRO	P 5, LLC		
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CELIA LAVALLEE		
		VI. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	Name of Person	
			Firm/Company	
		P.O. BOX 17915		
		Visit	Address	
		TAMPA, FL 33682-7915		
			City/State and Zip Code	
		KCLAVALLEE@HOTMA		
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information co	oncerning this matter, please ca	all:	
CELIA	LAVALLEE		813 - 362-9710	918.5055
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
= \$ 25	5.00 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

LAVAPROP 5, LLC	1		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab	oility Company were filed on May 9, 2013	a	and assigned
Florida document number L13000068430	·		-
This amendment is submitted to amend the follow	ring:		
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or	the abbrevia	ion "L.L.C."
Enter new principal offices address, if applicable	le:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		6
		五色) CT
D. 18	ta same su	SSEY STY	27
B. If amending the registered agent and/or registered agent and/or the new registered office		70	22
			is C
Name of New Registered Agent:		57	3
New Registered Office Address:			
	Enter Florida street address		
-	, Florid		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

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	KENNETH LAVALLEE	504 Justice Dr, Tampa, FL, 33613	
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ctive date, if other than the	date of filing:				_ (optiona		ry N	\$
effective date is listed, the date mu- e: If the date inserted in this blument's effective date on the D	ock does not mee	et the applicabl	date of filing or e statutory fili	more than 90 ing requirem	days after filti ents, this da	ig Pursi te will r	native not be	605.02 listed
record specifies a delayed he 90th day after the rec		te, but not a	ın effective	time, at 1	.2:01 a.m	i. on th	he ea	rlier
October 24	·/	2016						
Celia X	walle	-1						
	Cianature of a mar	mber or authoriz	ed representativ	ve of a member	r			

Page 3 of 3

Filing Fee: \$25.00