L13000068447

(Reque	estor's Name)	
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(City/S	tate/Zip/Phon	e #)
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DIVISION OF CORPORATIONS

COVER LETTER

	distration Servision of Cor			
SUBJECT:	LAVAPRO	P 8, LLC		
Name of Limited Liability Company				
The enclosed	l Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspo	ndence concerning this matter t	to the following:	
		CELIA LAVALLEE		
			Name of Person	
			Firm/Company	
		P.O. BOX 17915		
			Address	
		TAMPA, FL 33682-7915		
			City/State and Zip Code	
		KCLAVALLEE@HOTMAI	L.COM o be used for future annual report notifice	ation)
P	· C	-	·	,
for lutther in	normation co	oncerning this matter, please ca	_	_
CELIA LAV	ALLEE		813 362-9710 9	18.5055
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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

(Name of the Limited Liab (A Flor	ility Company as it now appears on our record da Limited Liability Company)	3.)
The Articles of Organization for this Limited Liability Florida document number L13000068447	Company were filed on May 9, 2013	and assigned
The Articles of Organization for this Limited Liability Company were filed on May 9, 2013 and assigned Florida document number L13000068447 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Hability 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		
The Articles of Organization for this Limited Liability Company were filed on May 9, 2013 and assigned Florida document number L13000068447 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Hability 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 neregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		S 8 T
(Principal office address MUST BE A STREET ADL	(A Florida Limited Liability Company) d Liability Company were filed on May 9, 2013 and assigned following: e of the limited Hability company here: he words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." plicable: EET ADDRESS) CE BOX) and/or registered office address on our records, enter the name of the new of office address here:	
		2 m
		1 F
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		is .
		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
···· - 	Enter Florida street addres.	s
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LAVAPROP 8, LLC

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 smending 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	□ Add
			■ Remove
			□ Change
			Remove
		- 100 4 SECOLO - 100 - 1	Change
			Add
			D Aemove
alado in angangan			Division DE Control
			Remove
			☐ Change
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			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change

FROM THE ARTICLES OF ORGANIZATIO	N AS OF THE EF	FECTIVE DATE OF T	HIS FILING.	
				
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Iffective date, if other than the date of filing: _ f an effective date is listed, the date must be specific and car	not be prior to date o	f filing or more than 90 da	(optional)	uant to 605.0207
Note: If the date inserted in this block does not meet locument's effective date on the Department of State	t the applicable stat	utory filing requiremen	ts, this date will r	ot be listed as
or the second se	, a rootida.			
e record specifies a delayed effective date The 90th day after the record is filed.	e, but not an ef	fective time, at 12	:01 a.m. on tl	ne earlier of
October 24 2	016			
Marie VIII	·			
(YULL NOON)		presentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00