## L13000068462

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## **COVER LETTER**

TO:	Registration Se Division of Cor			• .
eud ti	LAVAPRO	P 10, LLC		
SUBJI	EC1:	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		
			Name of Person	
			Firm/Company	
		P.O. BOX 17915		
			Address	
		TAMPA, FL 33682-7915		
			City/State and Zip Code	
		KCLAVALLEE@HOTMA	JL,COM	
		E-mail address: (	to be used for future annual report notifi	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
CELIA	LAVALLEE		813 <del>362-9710 (</del>	918.5055
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>■ \$2</b> :	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 10, LLC					
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)				
The Articles of Organization for this Limited Liability Compa	ity Company were filed on May 9, 2013		and assigned		
Florida document number L13000068462					
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 L	iability Company," the designation "LLC" or the abbr	eviation "L.L	.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	4	ਲ			
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		N	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12		
		<b>ن</b>	17# 755 		
Enter new mailing address, if applicable:		<u> </u>			
(Mailing address MAY BE A POST OFFICE BOX)					
(Manual and Control of the Book)		r)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l		te name o	f the nev		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City	Zip Code			

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

LAWADDOD IN TIC

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>	Name	Address	Type of Action
MGRM	KENNETH LAVALLEE	504 Justice Dr, Tampa, FL, 33613	□ Add
			■ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
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water the second			□ Add
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		And the second s	□ Remove
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FROM THE ARTICLES OF ORGA	NIZATION AS OF THE EFFECTIVE DATE OF TH	IS FILING.
•		
tive date, if other than the date (	of filing:	option <b>al)</b>
tive date, if other than the date of fective date is listed, the date must be specified in this block do	cific and cannot be prior to date of filing or more than 90 days	after fiting.) Pursuant to (
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Filing Fee: \$25.00