L22000251542

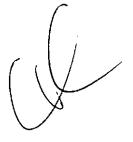
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Corrected

FLORIDA DEPARTMENT OF STATE

Division of Corporations

your spelling of

December 8, 2022

CORPORATE ACCESS

LAV ALATION

SUBJECT: LAVACATION FL LLC Ref. Number: L22000251542

(it is two words)

We have received your document for LAVACATION FL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Type of Action for AMBR.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 122A00027242

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WALK IN

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	PIC	K UP: <u>MISTY 12/7</u>	
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6.	(CORPORATE NAME AND DOC	JMENT #)	
SPECIA INSTRU	L JCTIONS:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAV ACATION FL LLC			
(Name of the Limited Liab) (A Florid	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on 06/07/2022	and assigned	
Florida document number L22000251542		· · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbi		_
Enter new principal offices address, if applicable:		22 D	
(Principal office address MUST BE A STREET ADD	ORESS)		
		<u> </u>	_ <u>,</u>
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u>_</u>	_
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		• •	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter the name	of the new regist	<u>ered</u>
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida street address		_
	, Florida	Zip Code	_
	<u> </u>	LIP COUR	

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>	<u>Address</u>	Type of Action
AMBR	DOLEV VIKTOR HADIDA	1100 BISCAYNE BLVD	
		UNIT 3802	□Remove
		MIAMI, FL. 33132	□Change
			□Add
			200ve Refinove DECCharge Refinove Re
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fective date, if other than the date of filing: (optional) in effective date is bisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ince: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a current's effective date on the Department of State's records. ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the is filed.			· · · · · · · · · · · · · · · · · · ·	
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Signature of a member or authorized representative of a member	ecord specifies a delayed effective o	date, but not an effective time, at I		,
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