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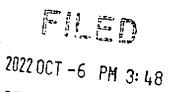
## **COVER LETTER**

TO: Registration S Division of Co			
AT B 1 FR B FR CACES	ard 713 LLC		
SUBJECT:	Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Colleen Holloway		
		Name of Person	
		Firm/Company	
	110 Washington Avenue A	Apt 1323	
		Address	
	Miami Beach FL 33139		
	colleen.holloway@hotmail.	City/State and Zip Code	
	• •	to be used for future annual report notif	ication)
For further information	concerning this matter, please o	all:	
Colleen Holloway		305 807-7371	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Standard 713 LLC

SECRETARY OF STATE TALLAHASSEE, FL

(A Florida Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Compa	ny were filed on July 15,	2022 and assigned
Florida document number 1.22000314782		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Saratoga 713 LLC		
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida su	
	Citv	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	•	ing com
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officompany has been notified in writing of this change.	— gree to act in this capa te performance of my a s provided for in Chapa	luties, and I am familiar with and ver 605, F.S. Or, if this document is
H C	nanging Registered Agent, S	ignature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ective date, if other than the effective date is listed, the date in	ist be specific :	and cannot be	prior to date of	filing or more	than 90 days af	<b>tional)</b> er filing.) Pt	arsuant to 6	05.020
te: If the date inserted in this burnent's effective date on the I	dock does no Department o	of meet the ap of State's reco	oplicable stati ords.	atory filing re	quirements, t	his date wi	ll not be li	sted a
cord specifies a delayed effecti s filed.	ve date, but r	not an effecti	ve time, at 12	2:01 a.m. on t	he earlier of:	(b) The 9	0th day af	ter the
ed July 26		2022						
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Typed or printed name of signee