L23000007331

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cos			2	
Lavender I	Dunes LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	John T Moore			
		Name of Person	·····	_
	Lavender Dunes LLC			
	******	Firm/Company		
	62 Pintail Blvd.			207 Se
		Address		
	Freeport, FL 32439			2029 JAN 10 SECRETARI
		City/State and Zip Code		
	johntaylor.moore@gmail.co			
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notificall:	ation)	
John T Moore		850 8301123		
Name o	of Person		Celephone Number	er
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addres		Street Address: Registration Secti	ion	
Division of C		Division of Corpo		
P.O. Box 632	27	The Centre of Tal	llahassee	0.0
Tallahassee,	FL 32314	2415 N. Monroe S	Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lavender Dunes LLC		
(Name of the Limited I	Liability Company as it now appears on our recor Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabi	lity Company were filed on 01/03/2023	and assigned
Florida document number L23000007331		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	20
Palm Haven Brand LLC		10 M
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C.";
Enter new principal offices address, if applicabl	e:	5
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>	
B. If amending the registered agent and/or regingent and/or the new registered office address h		r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	Enier r ioriaa sireel adare	22
-		lorida
	City	Zip 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
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			The Ores
ective date, if other thar	01/04/2024	,	(optional)
effective date is listed, the dat	e must be specific and cannot be prior to d his block does not meet the applicable	ate of filing or more than 90 day	s after filing.) Pursuant to 605.02
ument's effective date on t	he Department of State's records.	, <u>.</u>	.,
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s filed.	ective date, but not an effective time,	at 12.01 a.m. on the carrier	or. (b) The 90th day after th
01/04	2024		
ed	,		
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Typed or printed name of signee