

L23 0000 749 98

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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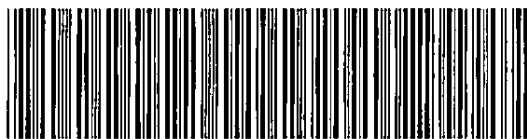
(Business Entity Name)

(Document Number)

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2023 FEB 28 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LAVANDER Wellness Center and Primary care  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adelaide Bauer  
Name of Person

Firm/Company

9544 E Bay Court  
Address

Parkland FL 33076  
City/State and Zip Code

LILAARNP@yahoo.com  
E-mail address: (to be used for future annual report notification)

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RECEIVED  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Adelaide Bauer at (954) 554-0028  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 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 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**

LAVANDER Wellness Center and Primary Care  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/10/2023 and assigned Florida document number L23000074998

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 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 registered agent and/or the new registered office address here:**

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:**

*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**

**MGR = Manager**  
**AMBR = Authorized Member**

| Title                   | Name           | Address                                 | Type of Action                          |
|-------------------------|----------------|-----------------------------------------|-----------------------------------------|
| MGR                     | Adelaide Bauer | 9544 Exbury Court<br>Parkland FL 33076  | <input checked="" type="checkbox"/> Add |
|                         |                |                                         | <input type="checkbox"/> Remove         |
|                         |                |                                         | <input type="checkbox"/> Change         |
| CEO                     | Adelaide Bauer | 9544 Exbury Court<br>PARKLAND, FL 33076 | <input checked="" type="checkbox"/> Add |
| Chief Executive Officer |                |                                         | <input type="checkbox"/> Remove         |
|                         |                |                                         | <input type="checkbox"/> Change         |
|                         |                |                                         | <input type="checkbox"/> Add            |
|                         |                |                                         | <input type="checkbox"/> Remove         |
|                         |                |                                         | <input type="checkbox"/> Change         |
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|                         |                |                                         | <input type="checkbox"/> Remove         |
|                         |                |                                         | <input type="checkbox"/> Change         |

2023 FEB 28 PM 4:40  
SECURITY OFFICE  
TALLAHASSEE FL

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SECURITY DIVISION  
TALLAHASSEE FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Dated February 24, 2023

Signature of a member or authorized representative of a member

Aolekai BAEUER APFN  
Typed or printed name of signer

**Filing Fee: \$25.00**