# L23000220813

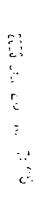
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Special Instructions to Fil	ing Officer:	





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## COVER LETTER .

	Registration Sect Division of Corpo		*	:
SUBJEC	т:	Name of Lim	Vender 5 RC	2 LLC
The encl	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspone	dence concerning this matter	to the following:	
		Jennife	AR GARZIA Name of Person	
		Lavender	SRQ LL	<u>C</u>
		3715 Tu	Ming Tides Te	Z (
		MGa121a  Black  Black	City/State and Zip Code  Outlook . Con to be used for future annual report no	34208 1 Peterr 440 Q Outlook, Con
For furth	er information cor	neerning this matter, please co	dt:	/
Jer	MIFUR (	DARZIA Person	at ( <u>484</u> ) <u>55</u> Area Code Dayti	7 - 8565 me Telephone Number
Enclosed	is a check for the	following amount:		
X \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional 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

Lavender Sra LLC (Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	
( <u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 23066 7 20813</u>	4/2/2021 and assigned
This amendment is submitted to amend the following:	
X. If amending name, enter the new name of the limited liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	signation "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)	
CMIANING MATERIAL VIOLETTICE DOSS	
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter Flor	ida street address
	, Fiorida
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 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
		3715 Turning Tides Terr Bradenton FL 3420	jXAdd
,		Bradenton FL 3420	Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Remove
			□Change
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			□Remove
			(Change
			🗆 Add
			□Remove
			□Change

adding	Peter	Garzia	as_	parmer	of LL
	<u>.</u>				. <del></del>
<u></u>			<u>.                                    </u>		
ective date, if other the effective date is listed, the te: If the date inserted is sument's effective date (	date must be specific n this block does no	and cannot be prior to date of meet the applicable's	of filing or more	(optional) than 90 days after filing.) equirements, this date v	Pursuant to 605.020 vill not be listed a
ecord specifies a delayed s filed.	1 /		12:01 a,m. on	the earlier of: (b) The	90th day after the
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$\frac{9}{\sqrt{2}}$	21/202 ulu \$	f a member or authorized			

. . . .

Filing Fee: \$25.00