# L23000237187

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05/30/23--010/5--003 ++25.08

## **COVER LETTER**

Registration Section Division of Corporations

TO:

DREAM OF SUBJECT:	F LAVENDER LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	DEREK ALVAREZ		
		Name of Person	<del></del>
	DREAM OF LAVENDER	LLC	
		Firm/Company	~?
	11145 WINTHROP LAKE	EDR	0.000
		Address	: ?
	RIVERVIEW, FL, 33578		
		City/State and Zip Code	
	ADELINEORCHIDS@GM		 (3)
	E-mail address: (	to be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	all:	
DEREK ALVAREZ		305 345-2695	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Col The Centre of 7	rporations

Tallahassee. FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)
ne Articles of Organization for this Limited Liability Company were filed on $\frac{05/15}{1}$	5/2023 and assigned
orida document number L23000237187	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here	;
new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	763
	•••
	• • • • • • • • • • • • • • • • • • • •
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
If amending the registered agent and/or registered office address on our reco	ords, enter the name of the new regi
ent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	

#### 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.

City

Enter Florida street address

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	DEREK ALVAREZ	11145 WINTHROP LAKE DR	□Add
		RIVERVIEW,FL.33578	□Remove
			<b>⊟</b> Change
MGR	KRYSTLE ALVAREZ	11145 WINTHROP LAKE DR	■Add
		RIVERVIEW,FL.33578	□Remove
			Change
		<u> </u>	□Add
			Remove
			□Change
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			□Change
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			□Remove
			□Change
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			□Remove
			□Change

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