## Florida Department of State

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Account Number : 076077003231 : (561)650-0471 er : (561)650-5300

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERENITY NOW, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENITY NOW, LLC						
(Nume of the Limited L. (A.F.	iability Compar Iorida Limited L	ny as it no tability Co	w annears on our records. ompany)	)		
The Articles of Organization for this Limited Liabi! Florida document number L17000216527	lity Company	were file	d on October 19, 2017	and assigned		
This amendment is submitted to amend the following	ng:	•	-			
A. If amending name, enter the new name of the	e limited liabi	ility com	pany here:			
1038 S FRANKLAND RD, LLC				<del>_</del>		
The new name must be distinguishable and contain the words	"Limited Liabil	ity Compa	ny," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		309 SE Osceola Street, π350				
(Principal office address MUST BE A STREET A		Stuart,	<sup>-</sup> L 34994			
				<u> </u>		
Enter new mailing address, if applicable:		309 SF	Osceola Street, #350	區C 29 日本SS		
(Mailing address MAY BE A POST OFFICE BO.	YI	Stuart,	FL 34994	Ma 🌉 .		
(Walting latings) MAT DE ATOST OFFICE DO	21					
B. If amending the registered agent and/or registered agent and/or the new registered office	registered of address here	<u>e</u> :		enter the name of the ner		
Name of New Registered Agent:	Volles I Ostel De		<del></del>			
New Registered Office Address:	505 South Flag					
	Enter Florida street address					
<u> </u>	West Palm Bea		, Flo	rida 33401 Zip Code		
		City		Zip Code		
New Registered Agent's Signature, if changing Registered of the appointment as registered of		ee to act	ာံု this capacity. I fur	ther agree to comply with the		

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12/20/201	ſ	1 1	- 1	( alli

JONES FOSTER

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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
MGR	David E. Dreyer	309 SE Oscoola Street, #350	<b>⊟</b> Adú
		Stuart, FL 3499 7	Remove
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			Change

2/29/2017 11:18am	JONES FOSTER	1	<b>#</b> 757	Page	04/04 H170003408313
D. If amending any other	r information, enter ch	unge(s) here: (Attack	h dditional sheets, if nece	ssæy.)	
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Note: If the date inserte	the date must be specific and ed in this block does not n	l cannot be prior to date of neet the applicable statu	(opti filing or more than 90 days after tory filing requirements, thi	· filing.) Pu	irsuant to 605.0207 (3)(b) I not be listed as the
document's effective da	te on the Department of S	rate's records.			
If the record specifies (b) The 90th day after	a delayed effective or or the record is filed.	date, but not an eff	ective time, at 12:01	a.m. on	the earlier of:
Dated		2017			
	MH Signiture of a	Korized Reples	restative of a member		
Mark H. Da	himeier, Authorized Repr				
		Typed or printed name o	l'aignee		<del></del>

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