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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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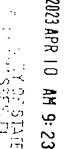
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COVER LETTER

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TO: Registration So Division of Cor			
SERENIT	Y INVESTMENT GROUP LL	С	
SUBJECT:	Name of Lin	nited Liability Company	
SERENITY INVESTMENT GROUP LLC 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: Marcus Buford			
Please return all correspo	ondence concerning this matter	to the following:	
	Marcus Buford		
		Name of Person	
18 Third St			
	18 Third St		
		Address	
	shalimar, FI 32579		
		•	(Chartes a)
For further information c			meadon
Marcus Buford			
Name o	d Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENITY INVESTMENT GROUP LLC		
t Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>v</u> .i
The Articles of Organization for this Limited Liability Comp. Florida document number L22000446167		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
SERENITY STAY SERENITY INVESTMENT GROUP LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "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:	<u></u>	2023 APR 1 0
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	ce address on our records, enter	AM 9: 23
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	\ \
	Flo	orida
-	Cuv	Zip Cocke

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
MGR	MATTHEW BUFORD	18 Third St SHALIMAR,FL 32579	⊠ Add
			□Remove
			□Change
MGR	WHITNEY BYERS	18 THIRD ST	XAdd
		SHALIMAR, FL 32579	□Remove
			□Change
			□Add
			□Remove
			□Change
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fective date, if other than the c	late of filing:		(optional)	
fective date, if other than the c n effective date is listed, the date must tte: If the date inserted in this blo	be specific and cannot be pri- ck closs not meet the appl	or to date of filing or mor	e than 90 days after filing.) Pur	isuant to 605,0207 Enot be listed as
cument's effective date on the Dep	partment of State's record	ls.		
record specifies a delayed The 90th day after the reco	errective date, but n rd is filed.	iot an effective tin	ne, at 12:01 a.m. on	the earlier of
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APRIL 4TH red	2023	·		
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Minni	ignature of a member or ani	horized representative of	fa member	

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Filing Fee: \$25.00