

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L2400001799

Note: Please print this page and use it as a cover sheet. Type the fax audit number
 (shown below) on the top and bottom of all pages of the document.

(((H24000175185 3)))



H240001751853ABC0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.**

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ANDERSON BUSINESS ADVISORS
Account Number : I20230000109
Phone : (800)706-4741
Fax Number : (702)664-0545

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ra@andersonadvisors.com

RECEIVED
 2024 MAY 15 PM 12:18
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
15054 SERENE SHORES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL
 2024 MAY 15 AM 8:34
 FILED

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 16 2024

H24000175185 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 15054 Serene Shores 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:

Amanda Phillips
Name of Person

Firm/Company

3225 McLeod Drive, Suite 100
Address

Las Vegas, Nevada 89121
City/State and Zip Code

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

For further information concerning this matter, please call:

Amanda Phillips at (800) 706-4741
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

H24000175185 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15054 Serene Shores, LLC

(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 May 13, 2024 and assigned Florida document number L24000211799.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

15054 Serene Shores LLC

The new name must be distinguishable and contain the words "Limited Liability 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:

(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.

2024 MAY 15 PM 8:34 FILED

If Changing Registered Agent, Signature of New Registered Agent

H24000175185 3

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

