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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Sec Division of Corp		•	
SUBJEC"	SERENITY	JADE LLC		
SUBJEC	··	Name of Limite	ed Liability Company	
The enclo	sed Articles of /	Amendment and fee(s) are subm	itted for filing.	
Please ret	urn all correspor	dence concerning this matter to	the following:	
		Mirlande E Franklin		
			Name of Person	
		SERENITY JADE LLC		
			Firm/Company	
		4426 Spring Blossom Drive		
			Address	
		Kissimmee FL 34746		
			City/State and Zip Code	
		serenityjadelle@gmail.com		
		E-mail address: (to	be used for future annual report notific	cation)
For furth	er information co	oncerning this matter, please cal	D:	
Mirlande	: Franklin		407 3617818	
	Name o	Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.0	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENITY JADE LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number L19000224753	any were filed on September 05, 2019	and assigne	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or the a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		*
		33	<u> </u>
		-*	**** *********************************
Patana and address if applicables		.r-	111 23
Enter new mailing address, if applicable:		ž	—— ——————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	133 11 10 gr.
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, <u>enter</u> <u>here</u> :	r the name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida	Zip Code	
	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 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>	<u>Address</u>	Type of Action
AMBR	MIRLANDE E FRANKLIN	4426 SPRING BLOSSOM DRIVE KISSIMMEE FL 34746	
			☐ Remove
			Change
AMBR JOHANNE R YUSUF	4426 SPRING BLOSSOM DRIVE KISSIMMEE FL 34746		
		■ Remove	
			Change
			☐ Add
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Remove

_____ Change

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Note:	te, if other than the date of filing:
ne rec The	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.
Dated _.	
	M Roukling Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00