

L19000150854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

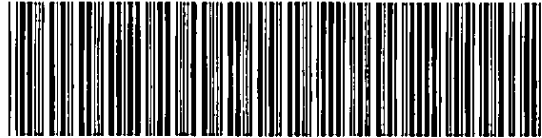
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2019 OCT 30 PM 2:39
TALLAHASSEE, FL

OCT 25 2019
KINSEY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Serenity Special Needs Consulting 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:

Katrina Barrentine
Name of Person

6039 Cypress Gardens Blvd.
Suite # 526
Address

Winter Haven, FL 33884
City/State and Zip Code

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

For further information concerning this matter, please call:

Katrina Barrentine at (863) 224-6850 cell
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/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 Special Needs Consulting Group, 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 10/27/2019 and assigned Florida document number 219000150854.

This amendment is submitted to amend the following:

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

Serenity Special Needs Consulting, 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)

6039 Cypress Gardens Blvd.
Suite # 526
Winter Haven, FL 33884

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6039 Cypress Gardens Blvd.
Suite # 526
Winter Haven, FL 33884

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:

Katrina Barrentine

New Registered Office Address:

6039 Cypress Gardens Blvd. Suite # 526

Enter Florida street address

Winter Haven

City

Florida

33884

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.

Katrina Barrentine
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

Address is the only thing
changing ↓

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
OWNER	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AP	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AR	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
OTHE	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Katrina Barrentine
Signature of a member or authorized representative of a member

Katrina Barrentine
Typed or printed name of signee