L20000389459

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2022 HAR 15 AM 10: 20 SECHETARY OF STATE

CC 3/25/2022

COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Sec vision of Cor			
eun ir <i>e</i> r		ling Assisted Living L.L.C		
SUBJECT:	·	Name of Limi	ted Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub	nitted for filing.	
Please retur	n all correspo	ndence concerning this matter	o the following:	
		Kahlied M. Thomas		
			Name of Person	
		Serenity Landings Assisted	Living	
			Firm/Company	
		3851 SW 160th Ave. Apt 1	07	
			Address	
		Miramar, Fl 33027		
			City/State and Zip Code	
		Kmalcolmt@yahoo.com	to be used for future annual report notification)	
For further	information c	oncerning this matter, please ea		
Kahlied Th	omas		954 483-8829 at ()	
	Name o	f Person	Area Code Daytime Telephor	ne Number
Enclosed is	a check for th	ne 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			Street Address: Registration Section	
Division of Corporations			Division of Corporation	
			The Centre of Tallahass	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahass 2415 N. Monroe Street	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 HAR 15_AM 10: 20 Dove Landings Assisted Living L.L.C (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 $\frac{12/14/2020}{}$ and assigned Florida document number L20000389459 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Serenity Landings Assisted Living LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3851 sw 160th Ave. Apt 107 Enter new principal offices address, if applicable: Miramar, Fl 33027 (Principal office address MUST BE A STREET ADDRESS) 3851 sw 160th Ave. Apt 107 Enter new mailing address, if applicable: Miramar, Fl 33027 (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 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 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
			□Add
			□Remove
			□Change
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			□Remove
			□Change
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. Effect	ive date, if other than the date of filing: (optional)
(If an eff <u>Note:</u>	fective 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). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the recordis fi	rd 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 led.
Dated	
	Kill Kills
	Signature of a member or authorized representative of a member
	Kahlied M. Thomas

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Typed or printed name of signee