## 122000135100

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SECRETARY OF STATE

## COVER LETTER

	btration Se sion of Cer			
SUBJECT:	SERAFIEN			
OBJECT:		Name of Lim	uted Lubility Company	
<b>*</b> ( _ 1 _ 1		A		
		Amendment and fee(s) are sub indence concerning this matter	·-	
		Robertina Seraphin		
			Name of Person	
		Seration		
			Firm Company	
		101 ne 41st st, apt e84		
			Address	
		Oakland Park, FI 33334		
		seraphincustomercare@gm	City State and Zip Code	
			to be used for future amount report not	ification)
For further in	formation c	oncerning this matter, please c	all:	
Robertina Ser	raphen		at (754 ) 302 7518 Area Code Daytin	
	Name o	l Petus	Area Code Daytir	ne Telephone Number
Enclosed is a	check for th	he following amount:		
S/ \$25 00 Fi	iling Fee	Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	560 00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
	ling Addres		Street Address:	at .
	istration (	Section 'orporations	Registration Se Division of Co	
	Box 632		The Centre of	
	uhusee, l			e Street, Suite 810
	,		Tullahassee, F	L 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERAFIEN			
(Name of the Limited Liability Company of it pen appears on per records,) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 03/18/22 and assigned clorida document number 122000135100			
This amendment is submitted to amend the following:			
<ol> <li>If amending name, enter the new name of the limited liability company here:</li> </ol>			
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)	_ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	20	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:	ECRETARY TALLAHAS	2022 AUG 110	1;
Name of New Registered Agent:	– Jase Joy	<u> </u>	
New Registered Office Address:  Enter Florada street address	- F S	84 :1: H8	
, Florids		61	

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 filled 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>	Name	Address	Type of Action
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