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SECRETARY OF STATE
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COVER LETTER

	gistration Secti ision of Corpo			
SUBJECT:	2726 Sere	nity Circle, LLC		
Sebsuci.		Name of Lim	ited Liability Company	
The enclosed	d Articles of An	nendment and fee(s) are sub-	mitted for filing.	. *
Please return	all correspond	ence concerning this matter	to the following:	
		Bruce R. Abernethy,	Jr.	
			Name of Person	
		Bruce R. Abernethy,	Jr., P.A.	
			Firm/Company	
		130 S. Indian River I	Drive, Suite 201	
			Address	
		Fort Pierce, FL 3495	50	
			City/State and Zip Code	
	-	E-mail address: (1	to be used for future annual report notifical	tion)
For further in	nformation cond	cerning this matter, please ca	all:	
Bruce R.	Abernethy,	Jr.	772 489-4901	
	Name of Pe	erson		elephone Number
Enclosed is a	check for the f	following amount:		
■ \$25.00 F	iling 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

2726 Serenity Circle, 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 April 25, 2005 and assigned Florida document number L05000041856 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 end with 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: Sylvie Licausi Name of New Registered Agent: 2704 Serenity Circle New Registered Office Address: Enter Florida street address Fort Pierce 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.

Page 0 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>		Address		Type of Action
MGR	Sylvie Licausi	_	2704 Serenity Circle		■ Add
			Fort Pierce, FL 34981	_	□ Remove
MGR	Paul Licausi	_	2704 Serenity Circle	- 11	□ Add
			Fort Pierce, FL 34981		_ ■ Remove
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			-	<u> </u>	_□ Remove

amending any other information, enter change(s) here: (Attach add	····-, g ···, y,
•	
ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
ated December 15, 2014	
Sulvia L. Carri	
Signature of a member or authorized representa	tive of a member
Sylvie Licausi	

Page 3 of 3

Filing Fee: \$25.00

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