## 111000036185

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PICK-UP WAIT MAIL					
(Business Entity Name)					
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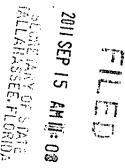
**EXAMINER** 

Office Use Only



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## **COVER LETTER**

Division of Co				
SUBJECT:	SERENITY LIV	ING OF TAMPA, LLC		
		ned Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		SAMARIS SANTIAGO		
Name of Person				
	SERENI	TY LIVING OF TAMPA, LI	.c	e agustante
Firm/Company				
	44	802 N. HABANA AVE.		
		Address		
TAMPA, FL 33614		200	2011	
City/State and Zip Code		\$-3.1 2011	F   F   F   F   F   F   F   F   F   F	
eve		yn_escribano@yahoo.com : (to be used for future annual report notification)		
r , v	, K-man address; (	to be ased for future standar (ebott flori	fication)	•
For further information	concerning this matter, please of	zail:	ر کا اسا نیر لف	
SAMA	ARIS SANTIAGO	at ( 813 )	410-4215	# OF
	of Person	Area Code & Daytin	ne Telephone Number	Ø
Enclosed is a check for	the following amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Statu Certified Copy (additional copy is	
MAILING ADDRESS:		STREET/COUR		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEREN	IITY LIVING OF TAMPA,	LLC.			
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited L	iability Company were filed on	03/25/2011	and assigned		
Florida document number I11000036	3185				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liability company her	<u>e</u> :			
The new name must be distinguishable and end wi	th the words "Limited Liability Compa	ny," the designation "l	LLC" or the abbreviation		
Enter new principal offices address, if applic	na hla		<b>201</b>		
• •			A SH II		
(Principal office address MUST BE A STREE	1 ADDRESS)		602		
			mo pro-		
W					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	B()X)		<u> </u>		
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, enter	the name of the new		
Name of New Registered Agent:	SAMARIS SANTIAGO	<del></del>			
New Registered Office Address: 4802 N. HABANA AVE.					
	Enter Florida street address				
	TAMPA	, Florida	33614		
	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGR LUZ E. ESCRIBANO 4802 N. HABANA AVE. \_\_\_ Add TAMPA FL 33614 7 Remove Remove ∐ Add Remove Add | Remove  $\square$ Add Remove MAdd Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9-12-2011 Dated Signature of a member or authorized representative of a member SAMARIS SANTIAGO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00