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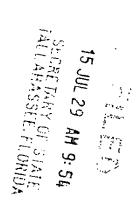
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	gistration Se vision of Cor		w 2	M
SUBJECT:	Serenity Flo	ooring Creations, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Cary Bradford		
			Name of Person	
			Firm/Company	
		3703 Northgreen Avenue A	·	
			Address	
		Tampa, FL 33624		
		chbradford1@gmail.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifi	cation)
For further i	nformation co	oncerning this matter, please ca	ail:	
Cary Bradfo	ord		813 410-8500 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for th	e following amount:		
≡ \$25.00 F	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 Flooring Creations, 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 L Florida document number L13000121462	iability Company	were filed on August 27, 2013	a:	nd assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
Serenity Creations, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designation "LLC" o	r the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREE				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and		N/A ffice address on our records,	enter the n	name of the new
registered agent and/or the new registered o			ALUA	<u>.</u>
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	Enter Florida street address		S produced to the second secon
		City, Flori	E E	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.

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>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□ Add
		-	Remove
			☐ Change
		<u> </u>	
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			Change
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July 26		2015				
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	Signature of	a member or author	ized representative	or a member		

Page 3 of 3

Filing Fee: \$25.00