Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000082570 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

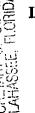
From:

Account Name : CORP USA

Account Number: 072450003255 Phone : (305)634-3694

Fax Number : (786)409-5946

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERENITY FOOD MINISTRIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcoyr.exe

PAGE 01/05

CORP USA

9696889908







## COVER LETTER

TO:

Registration Section Division of Corporations

SERENITY FOOD MINISTRIES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas G. Sherman

Name of Person

Thomas G. Sherman, P.A.

90 Almeria Avenue

Address

Coral Gables, Florida 33134

City/State and Zip Code

mike@uniontitleservices.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael G. Sherman

Nume of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30,00 Filing Fee & Certificate of Status □ \$55.00 Filing Fæ & Certified Copy (ndditional 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 FOOD MINIS			<u> </u>	•
(Name of the Limited Liability Compa (A Florida Limited)	ny se it now appears liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number L14000043851	were filed on	3/17/2014	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Limited Link	ility Company," the de	eignation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable:	100 South 2	2nd Street		_
(Principal affice address MUST BE A STREET ADDRESS)	Ft. Pierce, I	-L 34950		_
				_
Enter new mailing address, if applicable:	c/o Thomas	G. Sherman, f	P,A.	
(Mailing address MAY BE A POST OFFICE BOX)	90 Almeria Avenue			
	Coral Gable	es, Florida 3313	34	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:		our recor <b>d</b> s, <u>enter</u>	the name of the	new
New Registered Office Address:	Enter Florid	la street address	<del>- 100 - 20</del> -	(J. Satter)
	, ,	, Ftorida	7	—  } —  }
	City		Zip Code	Ensu
New Registered Agent's Signature, if changing Registered Agent				Vanner.
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Cl address, I hereby	ny duties, and I am f hapter 605, F.S. Or, I confirm that the lin	amiltär with aha if this document i nited liability	
If Cha	nging Registered Age	nt, Signature of New Re	vistered Agent	
Page	1 of 3	•		

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

itle	Name	Address	Type of Action
/IGR	Thomas Sherman	90 Almeria Avenue	B Add
		Coral Gables, FL 33134	☐ Remove
			<del></del>
			Add
			🗅 Rепіоче
			□ Remove
			 □ Add
			П Remove
			2014 APR
			-7 P
			STAJE AND AD
	4	, , , , , , , , , , , , , , , , , , ,	U Add Remove

Page 2 of 3

H14000089570

). If amending any o	her information, enter change(s) here: (Assach additional sheets, if necessary.)
<u> </u>	
<del></del>	
. Effective date, if of	her than the date of filing:
the date this document	s tited by the Florida Department of State)
Dated HP	, 2014 //
	I NO
	Signature of a member or authorized representative of a member
<del></del>	THOMAS SHERMAN ANTHORIZED REPESSINTATIVE

Page 3 of 3

Filing Fee: \$25.00

2014 APR -7 PH 1: 13