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TO:

Registration Section
Division of Corporations

SERENO I SUBJECT:	EAST 203 LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Leonardo Heidner		
		Name of Person	
	Heidner Law Firm, P.C.		
		Firm/Company	
	60E 42nd Street		
		Address	22 9
	New York, N.Y. 10165		22 SEP 21 PH 3: 07
		City/State and Zip Code	
	leo@heidnerlaw.com		x
	E-mail address: (to be used for future annual report no	iffication)
For further information c	oncerning this matter, please c	all:	7
Leonardo Heidner		212 3029867	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 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 Addres		Street Address:	
Registration 9 Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENO EAST 203 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 $\lfloor \frac{06/04/2014}{2014} \rfloor$ and assigned Florida document number ______L14000089884 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 register agent and/or the new registered office address here: Name of New Registered Agent: 5255 Collins Ave. Apt. 10H New Registered Office Address: Enter Florida street address _, Florida 33140 Zip Code Miami Beach 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 to 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 Ad	ent Signatu	re of New R	egistered 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
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			☐ Change
			□Add
			□Remove
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ective date, if other than the effective date is listed, the date must	date of filing:	of filing or more than 90 days after	onal) r tiling.) Pursuant to 605.0
e: If the date inserted in this blo ument's effective date on the De	ock does not meet the applicable st	atutory filing requirements, thi	s date will not be listed
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cord specifies a delayed effective	e date, but not an effective time, at	D:01 a.m. on the earlier of: (1	a). The 90th day after t
filed.	, and the man directive time, at	12.01 d.m. on the earner or, (c	, The zon day after t
August 18	2022		
	d 111		
	Wire Hay	,	
	Signature of a member or authorized r	arrecontation of a march :-	