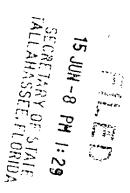
## C180000 97795

(Requ	uestor's Name)	· · ·
(Addr	ess)	
(Addr	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



06/08/15--01019--008 \*\*25.00



JUN 09 2015 J SHIVERS

## **COVER LETTER**

	Registration Sec Division of Corp					
cun ico	т.	TRANQUILITY 53 L	LC			
SUBJEC	1;	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
			GLORIA LOYD			
			Name of Person			
			TRANQUILITY 53 LLC			
			Firm/Company			
4260 FT. DEANUD RD						
			Address			
		]	FT. DENAUD, FL 33935			
			City/State and Zip Code			
			TRANQUILITY42@AOL.COM to be used for future annual report notif			
For furthe	er information co	oncerning this matter, please co	·	icanon)		
G	ILORIA LOYD		863- 673-4479 at ()			
	Name of	Person		e Telephone Number		
Enclosed	is a check for the	e following amount:				
\$25.0	0 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)		
	MAILI	NG ADDRESS:	STREET/COURI	ER ADDRESS:		

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

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRANQUILITY 53 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 $\frac{05/29/2015}{}$ and assigned Florida document number $\frac{L15000097395}{}$ .	
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 "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 registered agent and/or the new registered office address here:	<u>1ev</u>
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	-
City Florida Zip Gode	-
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 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	'he

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	WILLARD LOYD	P.O.BOX 2886	<b>≅</b> Add
		FT DENAUD, FL 33935	□ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			□ Change
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ctive date,	, if other than the date o	of filing:		(optional)	
effective date	e is listed, the date must be spe	cific and cannot be prior	to date of filing or more	than 90 days after filing.) Purs equirements, this date will r	uant to 605.02 not be listed
ument's effe	ective date on the Departm	ent of State's records			15
				<b>全</b>	ے ا
ecord spe	ecifies a delayed effec	ctive date, but no	t an effective tim	e, at 12:01 a.m.@mt	ne earlier
ne 90th a	ay after the record is	meu.		Y O EE.	8
ad	JUNE 05	2015	•	1. S. L. S.	3
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00