# L15000/90040

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Dc	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



300302154433

08/07/17--01009--013 \*\*25.00

FILED
17 AUG 17 PH 2: 40
01/1510N 01 COST CASTERNE

O STIVMONS AUG 1, 2017



507 N. New York Avenue, Suite 300 \* Winter Park, Fl. 32789 Ph: 407.215.1350 \* Fax: 407.215.0061 www.elevationfinancialgroup.com

August 16, 2017

### **VIA UPS**

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

Attn: Octavia I. Simmons

Regulatory Specialist II

Re: Amendment to Articles of Organization for:

Serenity Apartments at Columbia, Inc.
Serenity Townhomes at Montgomery, Inc.
Serenity Apartments at the Park, Inc.
Serenity Apartments at Spartanburg, Inc.

Serenity Apartments at Mobile, Inc.

Dear Ms. Simmons:

In response to your letters dated August 8 and August 9, 2017, enclosed please find the corrected Amendment to Articles of Organization for the above referenced entities.

If you have any further questions, please do not hesitate to telephone me.

Sincerely,

Stuart A. Heaton

COO & General Counsel

Enclosures

## **COVER LETTER**

		stration Sec sion of Corp				
SHRIFC	т. Т	Serenity Apa	nrtments at Mobile, LLC			
SOBJEC	·1: _			nited Liability Company		
The enclo	osed .	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please ret	turn a	ıll correspon	dence concerning this matter	to the following:		
			Stuart A. Heaton, Esq.			
				Name of Person		
			Screnity Apartments at Mo	obile, LLC		
				Firm/Company		_
			507 N. New York Avenue.	Suite 300		
			<del>-</del>	Address	<u> </u>	_
			Winter Park, FL 32789			
				City/State and Zip Code		_
			sheaton@elevationfinancial	• .		
			E-mail address: ()	to be used for future annual rep-	ort notification)	
For furthe	er info	ormation cor	ncerning this matter, please ca	ill:		
Stuart A.	Heat			407 215-1	350	
		Name of I	Person	Area Code	Daytime Telephone Number	er
Enclosed	is a c	heck for the	following amount:			
\$25.00	0 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	ate of Status &

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 Apartments at Mobile, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records. imited Liability Company)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on November 9, 2015	and assigned
Florida document number L15000190040	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		·
(Principal office address MUST BE A STREET ADDRE	(SS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, ss here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	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 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
MGR	Michael H. King	507 N. New York Avenue, Ste.300	Add
		Winter Park, FL 32789	Remove
			Change
MGR	Stuart A. Heaton	507 N. New York Avenue, Ste.300.	Add
		Winter Park, FL 32789	Remove
			Change
			OKAN TILE
			To Change 2: 40    Storing   Ppt 2: 40   Add   S
			Add 5
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			□ Change

				<del></del>
	_	<del>_</del>		<del></del>
		<del></del> ;	<del>_</del>	<del></del>
			<u> </u>	<u> </u>
_				
<del>-</del> ,				<del></del>
	<del></del>			
<del></del>		<del>_</del>		T AUG 17
				17 10f
				<u> </u>
				17 PH 2: 40
				<del>- 5</del>
			<del></del>	<del></del>
fective date, if other than the	date of filing:		(ontio	nal)
n effective date is listed, the date must be te: If the date inserted in this bloom is the date inserted in this bloom is the date inserted in this bloom is the date inserted.	t be specific and cannot be i	prior to date of filing or	more than 90 days after fi	iling V Pursuant to 605 02
cument's effective date on the D	epartment of State's reco	ords.	mg requirements, this t	rate will not be fisted a
record specifies a delayed	l effective date, but ord is filed.	not an effective	time, at 12:01 a.	m. on the earlier
The 90th day after the rec				
The 90th day after the rec				
The 90th day after the recoted $\frac{\text{July }17}{\text{ted}}$	. 2017			
The 90th day after the rec	. 2017			
The 90th day after the rec	Signature of a member or a	puta authorized representativ	e of a member	

Page 3 of 3

Filing Fee: \$25.00