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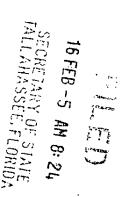
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COVER LETTER

Division of Corporations
SUBJECT: Serenity at Done allen 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:
Jane Kerrigan Name of Person
Arnette Kerrigan P.L.
Uso Grand Blud., Ste. 201e
Mirana Beach FL 32550 City/State and Zip Code
E-mail/address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jane at (850) 562-4373
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\times \text{Certified Copy (additional copy is enclosed)}\$\$\$ 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

(<u>Name of the Limited</u> (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabs		and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	_	>> 7 1
		ETASS
Name of New Registered Agent:		SS 2 borns
New Registered Office Address:		
	Enter Florida street addre	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
-	, F	lorida 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				
MGR	Michael Smith	486 LinksidePlace W	□ Add	
		486 Linkside Place W Miramar Beach, FL 30	55∂ □ Remove	
			Change	
		2 	□ Add	
			Remove	
			Change	
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☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)	
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days aft Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	tional) ter filing.) Pursuant to 60 his date will not be lis	05.0207 (3)(sted as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 (b) The 90th day after the record is filed.	a.m. on the ear	lier of:
Dated Feb. 2. , 2010. Signature of a member or authorized representative of a member		
Jane Kerrisan Typed of printed name of signee		

Page 3 of 3

Filing Fee: \$25.00