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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Serenity Pointe ALF, 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:
NICOle R. Davis
Name of Person
Serenity Pointe, ALF, LLC
Firm/Company
14269 Sea Eagle Drive
Address
Jacksonville FL 32226
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call.
NICOLE R. Davis at (954) FOH - 9785 Name of Person Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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 Pointe	ALF, LLC	
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 16000216929	were filed on November 29	2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
NIRENCO, LLC The new name must be distinguishable and contain the words "Limited Liability".		,
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	3891 Hammock Jacksonville, FL	Bluff Drive
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL	3222,6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3691 Hammock Jacksonville, F	Bluff Drive L 32226
B. If amending the registered agent and/or registered office address here:	ice address on our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:		70 16
New Registered Office Address:		
	Enter Florida street address , Florida	SSOF SOF SOF SOF SOF SOF SOF SOF SOF SOF
	City	Zip Gode =
New Registered Agent's Signature, if changing Registered Agent:		TT *

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>	<u>Address</u>	Type of Action
			☐ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			🗆 Add
			Remove
			□ Change
			□ Add
			□ Remove
			☐ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
ne rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated.	February 26, 2019
	Signature of a member or authorized representative of a member
	NICOLE R. Davis Typed or printed name of signee

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Filing Fee: \$25.00