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COVER LETTER

	Registration Se Division of Cor				
SUBJEC		HOME DAYTONA BEACH	LLC		
	**	Name of Lim	ited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	um all correspo	ndence concerning this matter	to the following:		
		Charles W. Cherry II			
			Name of Person		
		SERENITY HOME DAY	TONA BEACH LLC		
			Firm/Company	- · · ·	
P.O. Box 1873					
			Address	- 	
		Daytona Beach, FL 32114			
			City/State and Zip Code		
		ccherry2@gmail.com			
		E-mail address: (to be used for future annual report notif	ication)	
For furthe	r information c	oncerning this matter, please ca	all:		
Charles V	V. Cherry II		813 267-7342 at ()		
	Name o	f Person	at ()	: Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	O 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 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 HOME DAYTONA BEACH LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number L16000224681 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SERENITY LIFESTYLE PLUS II LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L1.C" 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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:

	= Authorized Member				
<u>Title</u>	Name	Address	Type of Action		
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n errec <u>te:</u>	e date, if other than the date of filing: tive date is listed, the date must be specific and cannot be prior to date of filing or more than 9 the date inserted in this block does not meet the applicable statutory filing require it's effective date on the Department of State's records.	(optional) 0 days after filing.) Pur	rsuant to 60	5.0207
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