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IN HARRIE

COVER LETTER

TO: Registration Se Division of Con						
Serenity A	partments at Sterling, LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Stuart A. Heaton					
		Name of Person				
	Elevation Financial Group	o. LLC				
	-	Firm/Company				
	507 N. New York Avenue	Suite 300				
		Address				
	Winter Park, FL 32789					
		City/State and Zip Code				
	sheaton@elevationfinancia	· ·				
	E-mail address: (to be used for future annual report notifi	ication)			
For further information c	oncerning this matter, please c	all:				
Stuart A. Heaton		407 215-1353				
Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 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 Apartments at Sterling, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on outled Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Comp	oany were filed on June 6, 2	017 and assigned
lorida document number L17000123873		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited L	liability Company," the designat	ion "LLC" or the abhreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		TO P 11
nter new mailing address, if applicable:		- vi
Mailing address MAY BE A POST OFFICE BOX)		7 m 0
. If amending the registered agent and/or registered egistered agent and/or the new registered office address	d office address on our here:	records, enter the name of the
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Entar Florida etra	at addraws
	Enter Florida stre	et address . Florida

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Stuart A. Heaton	507 N. New York Ave., Stc. 300	
		Winter Park, FL 32789	Remove
			Change
MGR	Michael H. King	507 N. New York Ave., Stc. 300	
		Winter Park, FL 32789	Remove
			Change
			□ Remove
			Change
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ffective date, if other than the an effective date is listed, the date mu	Augi	ust 1, 2017		
an effective date is listed, the date mu	ist be specific and cannot t	be prior to date of filing or	more than 90 days after	onar) r filing.) Pursuant to 605.020
ata. If the data incomed in this b	Jepartment of State's re	applicable statutory til ecords.	ing requirements, thi	s date will not be listed as
ote: If the date inserted in this bocument's effective date on the D				
ote: If the date inserted in this b				
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Filing Fee: \$25.00