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#### Tallahassee, FL 32301

1540 Glenway Drive

850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

Incorporating Services, Ltd.

incserv Œ

## **ORDER FORM**

FROM

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**TO** Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST\_DATE 2/17/2022

850-245-6051

PRIORITY Regular Approval

OUR REF\_# (Order ID#) 1001620

ORDER ENTITY\_\_\_\_\_ SERENA VENTURES, LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES: SERENA VENTURES, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized Email address for annual report reminders: andy@hechtbizlaw.com

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I2005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

# ID: fe96c961-2ec5-4598-b028-c9d5d06b9b68ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Serena Ventures, LLC		
( <u>Name of the Limited Liability (</u> (A Florida Liability)	Company as it now appears on ou imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Corr Florida document number	npany were filed on July 18, 20	017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	d liability company here:	
Aneres Ventures, LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company." the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	SS)	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records	, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida Zip Code
	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.

Idf an end inge Authorized Berson being added or removed from our records:

### MGR = Manager

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AMBR =	Authorized Member	

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			Change
			□ Add
			🗋 Change
			□Add
			🗍 Remove
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			🗌 Remove
			Change
	<u></u>		□ Add
			🗆 Remove
			🗆 Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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fective date, if other than th in effective date is listed, the date mo ote: If the date inserted in this b	ast be specific and cannot be prio block does not meet the applie	cable statutory filing rec	<b>(optional)</b> nan 90 days after filing.) Pursuant juirements, this date will not l	to 605.0 be listed
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