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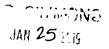
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI		innings, LLC		
SUBJ	.c.;	Name of Lim	ited Liability Company	
The en	aclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Jeff Tucker		
			Name of Person	15 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Serene Beginnings		
			Firm/Company	
		2230 West Atlantic Avenu	e	
			Address	
		Delray Beach, FL 33445		
		operations@screnetreatmen	City/State and Zip Code t.com	
		E-mail address: (to be used for future annual report noti	fication)
For fu	rther information e	oncerning this matter, please co	all:	
Jeff Ti	ucker		561 376-7701	
	Name o	f Person	at () Area Code Daytim	c Telephone Number
Enclos	ed is a check for the	ne following amount:		
≡ \$2	5.00 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, F1, 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

Serene Beginnings, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 8/4/2017 and assigned Florida document number L17000167117 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jonathan Brown	2810 SW 106 Avenue Miami, FL 33165	
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Effective date, if other than the c	date of filing:		(an	tional)
If an effective date is fisted, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot ck does not meet the	e applicable statuto	ng or more than 90 days aft	er filing.) Pursuant to 605,0207
ne record specifies a delayed The 90th day after the reco		but not an effec	tive time, at 12:01	a.m. on the earlier o
Dated	2019	9//		
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee