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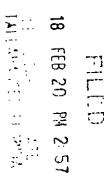
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J. LEGGETT FEB 20 2018

COVER LETTER

Serenity Lig	ghting Systems, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adam M. Kranz		
		Name of Person	
	Screnity Lighting Systems	, LLC	
		Firm/Company	
	558 N Dover Rd		
		Address	
	Jupiter, FL 33469		
	serenitylighting@gmail.con	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Adam Kranz		954 625-5857 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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

TO:

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 Lighting Systems, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor- liability Company)	d <u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 1/10/2018	and assigned
Plorida document number L18000009882		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		# B
		20
		77 32 (1)
Inter new mailing address, if applicable:		19 to 19
Mailing address MAY BE A POST OFFICE BOX)		5.7
The state of the s		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		
	F	lorida
	City	Zip Code
Sew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Adam M. Kranz	558 N Dover Rd	= Add
		Jupiter, FL 33469	Remove
		<u> </u>	Thange
			□ Remove
			☐ Change
			□ Remove
			Change
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ective date, if other than the d	ate of filing:		(optional)
n effective date is listed, the date must b	e specific and cannot be prior to	date of filing or more than 90 day	ys after filing.) Pursuant to 605.0
te: If the date inserted in this bloc cument's effective date on the Dep		ie statutory illing requiremen	as, this date will not be listed
•			
record specifies a delayed	offective date, but not	an officitive time, at 12	·01 a m. on the earlie
record specifies a delayed of The 90th day after the recor		an enective time, at 12	.or a.m. on the came
February 15	2018		
	·	.•	
S	gnature of a member or authoriz	zed representative of a member	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00