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(Re	questor's Name)	
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SEGNETARY OF STATE
TALLAHASSEEFFT ORINA

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COVER LETTER

CUDINCT.	SERENITY A	T VILLAGE VERANDA HOL	LDING, LLC	
SUBJECT:		Name of Limited	Liability Company	
The enclosed	l Articles of Arr	endment and fee(s) are submit	ted for filing.	Ž.
Please return	all corresponde	ence concerning this matter to t	the following:	
		David A. Beale, Esq.	+ 44 05 +	
			Name of Person	
	•	David A. Beale, P.a.		
			Firm/Company	
	301 W. At;lantic Ave,, Suite 0-5			
			Address	
		Delray Beach, FL 33444		
		(City/State and Zip Code	2018 TALL
	-	E-mail address: (to b	e used for future annual report notificati	
For further in	nformation conc	erning this matter, please call:		SSE TO
David A. Be	eale	The Control of the Co	561 243-1477	The state of the s
	Name of Pe	rson		ephone Number
Enclosed is a	a check for the f	ollowing amount:		
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy (additional copy is enclosed?

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 AT VILLAGE VERANDA HOLDING, 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 Com	npany were filed on August 6, 20	and assigned
Florida document number L18000188013		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
SVV Properties Management Company, LLC		
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "I	.L.C" 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:		ALLIAHASS
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		ords, enter the name of the ne
New Registered Office Address:		
www.kegisterea.gritteritamess.	Enter Florida street add	Iress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	sgent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and com accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my duties, at as provided for in Chapter 60	and I am familiar with and 15, F.S. Or, if this document is
ī	I Changing Registered Agent, Signatu	are 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>	Name	Address	Type of Action
		<u></u>	Add
			☐ Remove
			☐ Change
		7	□ Add
			□ Remove
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			☐ Change

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Filing Fee: \$25.00