119000112566

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
		
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COVER LETTER

TO: Registration Se Division of Cor	ection porations		
SUBJECT: Serenit	e Insurance 11 C		
SUBJECT: OCICIAL	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Xiomara Pazos	
		Name of Person	
		Serenite Insurance, L	LC
		Firm/Company	
		7880 W 20 Ave Ste 2	8
		Address	-
		Hialeah, FL 33016	
		City/State and Zip Code	
	Xiomiami@ E-mail address: (Daol.com to be used for future annual repor	t notification)
For further information c	oncerning this matter, please ca		
Xiomara Pazos		at (305) 796-2	521
Name o	f Person	Area Code Da	sytime 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 Addres		Street Addres	
Registration S		Registration	Section Corporations
Division of C		Division of	•

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nite Insurance, LLC		
(Name of the Limited	Liability Company as it now app A Florida Limited Liability Compan	oears on our records.) y)	
The Articles of Organization for this Limited Lia Florida document number <u>L19000112566</u>	bility Company were filed on	04/24/19	and assigned
	 ·		
This amendment is submitted to amend the follow			
A. If amending name, enter the new name of t	he limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," th	ne designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)	.	22
			<u> </u>
Enter new mailing address, if applicable:			1-8
(Mailing address MAY BE A POST OFFICE B	<u> </u>	 -	inc. T
			12: 55 REEL ST
B. If amending the registered agent and/or regardent and/or the new registered office address		r records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:	Xiomara Pazos		
New Registered Office Address:	7880 W 20 Ave	Florida street address	
	Hialeah		33016
	City	, Florida _	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.

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>	Address	Type of Action
AMBR	Xiomara Pazos	7880 W 20 Ave Hialeah, FL 33016	🛛 🖎 Add
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			□ Change
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ective date, if other than the description of the date is listed, the date must be tee. If the date inserted in this blockument's effective date on the Dep	e specific and cannot k does not meet t	he applicable	te of filing or me statutory filing	re than 90 days	optional) after filing.) Pur s, this date will	suant to 605.02 not be listed
	late, but not an ef	ffective time,	at 12:01 a.m. c	on the earlier o	of: (b) The 90	th day after th
s filed.		021				
		iara pazi	representative	of a member		

Filing Fee: \$25.00