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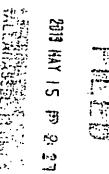
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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC		Serenity Manor at Liberty, LLC		
SOBJEC	1:	Name of Limit	ed Liability Company	····
The enclo	osed Articles of A	Amendment and fee(s) are subn	nitted for filing.	Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) OURIER ADDRESS: Section Corporations Corporat
Please ret	turn all correspon	ndence concerning this matter to	o the following:	
		Stuart A. Heaton		
		Elevation Financial Group,	Name of Person LLC	
		201 E. Pine Street, Suite 20	Firm/Company	
		Orlando, FL 32801	Address	
		sheaton@elevationfinancialg	·	ie and Zip Code for future annual report notification) Address de and Zip Code for future annual report notification) 407 215 1350 (
For furth	er information co	n-man address. (d oncerning this matter, please ca		mileationy
Stuart A.	Heaton		407 215 1350	
	Nanie of	Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Sect Division of Corp Clifton Building	tion orations Center Circle

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Serenity Manor at Liberty, 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 April 30, 2019 and assigned Florida document number L19000117464 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" 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
		_, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized to n l from our records:	nanage enter the title, name, an	d address of each person being added
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name Elevation Real Property Fund VII.	<u>Address</u>	Type of Action
MGR	LLC		
			■ Remove
	El d'a Dal Davis de Frank VI		Change
MGR	Elevation Real Property Fund VI, LLC		Add
			Remove
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Effective date, if other than the date of filing: (In an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records. The 90th day after the record is filed. Dated May 10 2019 May 10 2019 May 10 Signature of a member or authorized representative of a member Stuart A. Heaton	If amending any other informat	, , , , , , , , , , , , , , , , , , ,	,	, , ,	
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Stuart A. Heaton	0	-			
Typed or printed name of signee	Stuart A. Heaton	** T	intud name of circum		

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Filing Fee: \$25.00