

| (Re                     | equestor's Name)   |              |
|-------------------------|--------------------|--------------|
| (Ac                     | idress)            |              |
| (Ac                     | idress)            |              |
| (Ci                     | ty/State/Zip/Phone | e #)         |
| PICK-UP                 | ☐ WAIT             | MAIL         |
| (Bu                     | siness Entity Nan  | ne)          |
| (De                     | ocument Number)    | <del>-</del> |
| Certified Copies        |                    |              |
| Special Instructions to | Filing Officer:    |              |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations                  | ·   |  |          |  |
|--|---|--|----------|--|
| SUBJECT: Serenitey, LLC  |   |  |          |  |
|  | ed Liability Company  |  |          |  |
|  |   |  |          |  |
| The enclosed Articles of Amendment and fee(s) are subm             | itted for filing.   |  |          |  |
| . Please return all correspondence concerning this matter to       | the following:  |  |          |  |
| Katrina B  | arrentine   |  |          |  |
|  | Name of Person  |  |          |  |
| ***************************************                            |   |  |          |  |
|  | Firm/Company  |  |          |  |
| 575 S WH   | n Street  |  |          |  |
|  | Address   |  |          |  |
| Eagle Lake   | , FI. 33839   |  |          |  |
| Lakinghara   | City/State and Zip Code   | 2  |          |  |
| E-mail address: (to  | be used for future annual report notification                             | <u>1</u> n)  |          |  |
| For further information concerning this matter, please cal         | 1:  |  |          |  |
| Katrina Barrentine   | a(863) 224-(6   | 1050   |          |  |
| Name of Person   | at ( <u>OV</u> ) <u>(XX 7  (X</u> )<br>Area Code Daytime Tele             | phone Number   | 19 SEP . | 1 1:013 F  |
| Enclosed is a check for the following amount:                      |   |  | 30       | 200<br>200<br>201<br>201<br>201<br>201<br>201<br>201<br>201<br>201 |
| \$25.00 Filing Fee \$\\$\$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy tadditional copy is enclo | 7.       | OF STATE<br>SPORATIONS   |

## MAILING ADDRESS:

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

| Sevenitey, LLC   |   |
|--|---|
| ( <u>Name of the Linfited Liability Compan</u><br>(A Florida Limited L   | ny as it now appears on our records.) iability Company)   |
| The Articles of Organization for this Limited Liability Company v<br>Florida document number <u>L 1900015 0854</u> .   | were filed on DG OG 2019 and assigned   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liabile  Special Nelds Consul  The new name must be distinguishable and contain the words "Limited Liabili"   |   |
| Enter new principal offices address, if applicable: &come) (Principal office address MUST BE A STREET ADDRESS)   | 575 S Letn Street<br>Eagle Lake, FL 33839   |
| Enter new mailing address, if applicable: (Same)   |   |
| (Mailing address MAY BE A POST OFFICE BOX)   | 575 S Wth : Street  Eagle Lake, FL 33839  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here   |   |
| Name of New-Registered Agent:  | SEP   |
| New Registered Office Address:   | Enter Florida street address  |
|  | Florida S   |
| New Registered Agent's Signature, if changing Registered Agent:  | City Zip Code Z   |
| I hereby accept the appointment as registered agent and agre-<br>provisions of all statutes relative to the proper and complete p<br>accept the obligations of my position as registered agent as properties to merely reflect a change in the registered office of company has been notified in writing of this change. | performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is |

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 |
|--------------|--|---------|----------------|
| <del></del>  | · ———————————————————————————————————— |         |                |
|              |  |         | □ Remove       |
|              |  |         | ☐ Change       |
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| <del>-</del> | <del></del>                            |         |                |
|              |  |         | □ Remove       |
|              |  |         | Change         |

| . If amendin                   | g any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|--------------------------------|---|
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| f an effective<br>Note: If the | 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 605.0207 (3) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records. |
|                                | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: a day after the record is filed.  |
| Dated (S                       | Hating Dayentine  Signature of a-member or authorized representative of a member  |
| _                              | Katrina Barrentine Typed or printed name of signee  |

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Filing Fee: \$25.00