

L19000150854

(Requestor's Name)

(Address)

(Address)

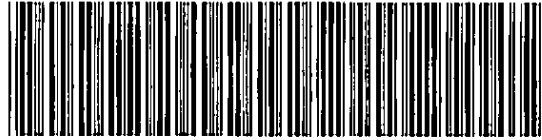
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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10/30/19--01008--009 **35.00

Special Instructions to Filing Officer:

*Per KATHIA
TO update document
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M&R
11/25/19*

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FILED
2019 OCT 30 PM 2:39
TALLAHASSEE, FL
CLERK OF COURT

OCT 25 2019
Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Serenity Special Needs Consulting Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katrina Barrentine
Name of Person

6039 Cypress Gardens Blvd.
Firm/Company
Suite # 526
Address

Winter Haven, FL 33884
City/State and Zip Code

Katrinabarrentine@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katrina Barrentine at 803 803-336-1182 office
Name of Person Area Code Daytime Telephone Number
224-6850 cell

Enclosed is a check for the 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
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

FILED
2019 OCT 30 PM 2:39
TALLAHASSEE, FL

Serenity Special Needs Consulting Group, 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 10/27/2019 and assigned Florida document number 219000150854.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Serenity Special Needs Consulting, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4039 Cypress Gardens Blvd.
Suite # 526
Winter Haven, FL 33884

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4039 Cypress Gardens Blvd.
Suite # 526
Winter Haven, FL 33884

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:

Katrina Barrentine

New Registered Office Address:

4039 Cypress Gardens Blvd. Suite # 526

Enter Florida street address

Winter Haven

City

Florida

33884

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.

Katrina Barrentine
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

Address is the only thing
 Changing ↓

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MGR	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AP	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AR	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884 ³³⁸⁸⁴	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
OTHE	Katrina Barrentine	4039 Cypress Gardens Blvd Suite # 526 Winter Haven, FL 33884	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated October 27 2019

Katrina Barrentine
Signature of a member or authorized representative of a member

Katrina Barrentine
Typed or printed name of signee