

L20 00000 14920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

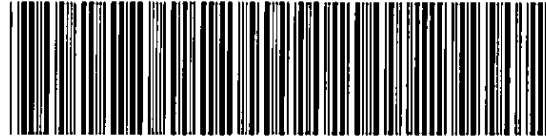
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/07/20--01005--005 **25.00

MAR 03 2020
S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FLORIDA

2020 FEB -6 AM 7:16

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SERENITY SOURCE LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHANELL BARNARD

Name of Person

THE SERENITY SOURCE LLC

Firm/Company

15642 SW 19TH TERRACE

Address

OCALA, FLORIDA 34473

City/State and Zip Code

artkoi100@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHANELL BARNARD

Name of Person

352
at (_____) _____
Area Code

888-0139

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: THE SERENITY SOURCE LLC

SECOND: The Florida Document number of the limited liability company is: L20000014920

THIRD: Document to be corrected is: THE ARTICLES OF ORAGANIZATION

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

EFFECTIVE DATE LEFT OFF. PLEASE ADD JANUARY 1, 2020 PLEASE ADD EIN NUMBER 84-4546479

PLEASE CHANGE MAILING ADDRESS FOR THE BUSINESS TO

PO, BOX 771933 OCALA, FLORIDA 34477-1933

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

Chad Barnard

Signature of Authorized Representative

2/4/2020

Date

Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)