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COVER LETTER

Division of Corporations SERENITY RETREAT RESTORATION HOME LLC SUBJECT: 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: VIL, EMMANUEL Name of Person Firm/Company 1217 HIGHLAND AVE Address LEHIGH ACRES, FL 33972 City/State and Zip Code sectoute30@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: VIL, EMMANUEL Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address:

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

TO:

Registration Section

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

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RESTORATION HOME LLC	
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Clorida document number	Company were filed on01/29/20	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	nited liability company here:	
SERENITY RETREAT BEHAVIOR FOCUS HOM	E LLC	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10321 CANAL BROOK	LN
Principal office address MUST BE A STREET ADD	LEHIGH ACRES, FL 33	3936
Enter new mailing address, if applicable:	10321 CANAL BROOK	
Mailing address MAY BE A POST OFFICE BOX)	LEHIGH ACRES, FL 339	N3
3. If amending the registered agent and/or register agent and/or the new registered office address here:		nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address: 10321 CANAL BROOK LN		
	Enter Florida street a	address
·	LEHIGH ACRES	_, Florida33936
	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 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>	Name	Address	Type of Action
MGR	CETOUTE, SHERLIE	10321 CANAL BROOK LN	□Add
		LEHIGH ACRES, FL 33936	Remove
			■ Change
			□Add
	 	Remove	
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	SERENITY RETREAT BEHAVIOR FOCUS HOME LLC AND OPEN A DBA NAME
	SERENITY RETREAT RESTORATION HOME UNDER THE PRIMARY BUSINESS NAME WICH IS
	GOING TO BE SERENITY RETREAT BEHAVIOR FOCUS HOME LLC
(If an e	tive date, if other than the date of filing:
, the receord is	ord 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 filed.
Date	1 Narch 331d. 2020.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	VIL, EMMANUEL