## L20000040154

(R	equestor's Name	·)
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	ame)
(D	ocument Numbe	r)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	
		,





800455739718

WWW. 09/03/25--01008--014 ••25.00



## **COVER LETTER**

	ation Section n of Corporations	
SUBJECT:	SERENITY VAC	CATION HOMES LLC
SUBJECT:		of Limited Liability Company
The enclosed Art	ticles of Amendment and fee(s) a	are submitted for filing.
Please return all	correspondence concerning this r	matter to the following:
	<u> </u>	ZEN YETIK
		Name of Person
	Se	renity Vacation Homes LLC Firm/Company
		Firm/Company
	1796 Cin	namon Circle
		Address
	Cauelberry	FL 32707 City/State and Zip Code
		•
	erenas	erenityth.com dress: (to be used for future annual report notification)
For further inform	mation concerning this matter, pl	
EREN	YETIK	at (407 ) 683 2771
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a cho	eck for the following amount:	
<b>№</b> \$25.00 Filing	g Fee	
	Address:	Street Address:  Designation Section
	ration Section on of Corporations	Registration Section Division of Corporations
P.O. B	Sox 6327	The Centre of Tallahassee
Tallah	assee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENITY VACATION	HOMES LLC  ny as it now appears on our records.)  jability Company)	, ' <sup>'</sup> <
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	`& <b>`</b>
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000040154</u> .	were filed onand assign	ned /
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
SERENITY REALTY AND MANA	GEMENT LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C	J."
Enter new principal offices address, if applicable:	1796 Cinamon Circle	
(Principal office address MUST BE A STREET ADDRESS)	Correlberry, FL 32707	
•		
Enter new mailing address, if applicable:	1796 Cinnamon Circle Cosselberry, FL 32707	
Mailing address MAY BE A POST OFFICE BOX)	Cosselberry, FL 32707	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new r</u>	<u>-egistered</u>
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 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 =	<b>Authorized Member</b>

Title	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□ Remove
			🗆 Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change
		<del> </del>	□ Add
			□Remove
			□Change

		-·								_
										_
			<u> </u>					<del></del>		_
										_
									2025 AUG	-77
	<u></u>								6	_
									<del></del>	_ [ _ FT
									푸	_ [
									AM 10: 12	
			· · · · · · · · · · · · · · · · · · ·						7	_
										_
										<del>-</del>
-		<del> </del>						<del></del>		_
										_
		<del></del>	·			<del></del>		<del></del>		-
				·						_
<u> </u>										_
									<del>.</del>	_
fective dat	te, if other	than the d	ate of filin	g:	·		(	ptional)	. 5	
an effective da ote: If the d	ate is listed, th late inserted	ic date must t in this bloc	e specific and k does not r	d cannot be pr neet the app	no <b>r to date</b> of dicable stati	filing or more itory filing r	than 90 days equirements	after filing this date	) Pursuant to 60 will not be lis	15.02071 sted as 1
ocument's el							•			
record specif is filed.	fies a delaye	d effective	date, but not	t an effective	e time, at 12	2:01 a.m. on	the earlier o	f: (b) Th	e 90th day aft	er the
	. 11									
ated	4"	ct A	egust	, <u>२०२</u>	<u>5</u>	_				
			J /.	1.11	1//					
			U	MIN					<u> </u>	
		S	ignature of a	member or at	imonized teb	resentative of	a member			
			ren Y							