

L20000205192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

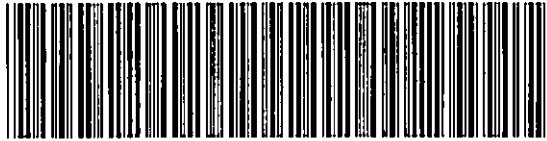
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENITY ASSISTED LIVING HOME 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:

ZENEA LETISHE
Name of Person

SERENITY ASSISTED LIVING HOME
Firm/Company

709 OAK CHASE DRIVE
Address

ORLANDO, FL 32828
City/State and Zip Code

ZENEA@ITSPEARLTIME.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ZENEA LETISHE at (407) 371-9522
Name of Person Area Code Daytime Telephone Number

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 Address:

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**

SERENITY ASSISTED LIVING HOME 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 JULY 15, 2020 and assigned Florida document number L20000205192.

This amendment is submitted to amend the following:

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

ITS PEARL TIME

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12472 LAKE UNDERHILL RD
#320
ORLANDO, FL 32828

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11 11 (SAME AS ABOVE)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

I PURCHASED "ITS PEARL TIME" IN 2019 AND
FOR SIGHTING PURPOSES MADE IT A DBA UNDER
SERENITY ASSISTED LIVING HOME LLC. ON 01/17/2021
I FILED FOR ITS PEARL TIME LLC BUT
LATER FOUND OUT I SHOULD'VE REQUESTED
AN AMENDMENT.

I WOULD LIKE TO AMEND SERENITY ASSISTED
LIVING HOME LLC'S NAME TO REFLECT ITS PEARL
TIME LLC.

THANK YOU!

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 MARCH 29, 2020.



Signature of a member or authorized representative of a member

ZENEA LETISHE

Typed or printed name of signee

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of SERENITY ASSISTED LIVING HOME LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on July 15, 2020 effective July 10, 2020, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L20000205192.

Authentication Code: 200722152947-700347549637#1

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty Second day of July, 2020



A handwritten signature in black ink, appearing to read "Laurel M. Lee".

Laurel M. Lee
Secretary of State