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(Re	questor's Name)	
(Ad	idress)	
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(Cit	y/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration So Division of Co			
SUBJEC		Vellness Center, LLC		
SOBJEC	· ·	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	um all correspo	ondence concerning this matter	to the following:	
		Suralle Estevez		
			Name of Person	
		Pinecrest Wellness Center	, LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		8830 SW 129 Terrace		
			Address	
		Miami, FL 33176		
			City/State and Zip Code	
		serenity.bw.info@gmail.co	m to be used for future annual report noti	orana.
For furthe	r information c	concerning this matter, please c	·	meanonj
Susie Est	evez		786 559-1418	
	Name o	of Person	at ()	ne Telephone Number
Enclosed i	is a check for th	he following amount:		
≡ \$25.00	0 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)
	lailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations		
	P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pinecrest Wellness Center, 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 $\frac{69(09/2020)}{1}$ ____ and assigned Florida document number 1.20000282061 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Serenity Beauty & Wellness, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 8830 SW 129 Terrace Enter new principal offices address, if applicable: 2nd Floor, Suite 8828B (Principal office address MUST BE A STREET ADDRESS) Miami, FL 33176 8830 SW 129 Terrace Enter new mailing address, if applicable: Miami, FL 33176 (Mailing address MAY BE A POST OFFICE BOX) 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

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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(If an effi Note:	ve date, if other than the date of filing:
he record ord is fil	I 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 ed.
	11/2/2022
Dated_	
Dated .	Signature of a member or authorized representative of a member

Filing Fee: \$25.00