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PICK-UP	WAIT MAIL
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## **COVER LETTER**

TO:

	gistration Se vision of Cor			·
	Serenity Tit	le LLC		
SUBJECT:			ited Liability Company	·
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Michael Diogostine		
			Name of Person	
		Serenity Title LLC		
			Firm/Company	
		341 S Plant Ave		
			Address	
		Tampa, FL 33606		
			City/State and Zip Code	
		mike@serenitytitlefl.com		
		E-mail address: (	to be used for future annual report not	fication)
For further i	information c	oncerning this matter, please ca	all:	
Michael Di	ogostine		813 728-6453 at ( )	
Name of Person			ne Telephone Number	
Enclosed is	a check for th	ne following amount:		
□ <b>\$</b> 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)
	ailing Addres		Street Address:	oction
Registration Section Division of Corporations		Registration Section Division of Corporations		
	O. Box 632	-	The Centre of	-
Ta	llahassee. l	FL 32314	2415 N. Monro	e Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENITY TITLE 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 09/11/2020 and assigned Florida document number L20000285172 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KARISA ZAMY	603 Melville Ave #8	■Add
		Tampa, FL 33606	□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
	<del></del>		□Add
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.	
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of	f (h). The Q0th day ofter the
is filed.	i. (b) The soul day after the
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06/04/2021	<u> </u>
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ated 06/04/2021 ,,  Signature of a member or authorized representative of a member	

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