L20000292895

(R∈questor's Name)
(Acidress)
(Address)
(City/State/Zip/Phone #)
□ D.CK.(JD □ WAIT □ MAIL
(Business Entity Name)
(Document Number)
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MAY 24 2021 LALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 5/21/2021	-		**WALK	<i>IN**</i>
ENTITY NAME 30A SE	RENITY NOW LLC		· · · · · · · · · · · · · · · · · · ·	
-				
DOCUMENT NUMBER_	.			
	PLEASE FILE THE	ATTACHED AND RETURN		
XXXX	Plain Copy		· es Walk	No.
	Certified Copy			
	Certificate of Status			
	Certified Copy of Arts & Certificate of Good Standi		988 W.C	17.
	APOSTILLE' / NO	TARIAL CERTIFICATION		
COUNTRY OF DESTINAT	70N			
NUMBER OF CERTIFICAT	TES REQUESTED			
TOTAL OWED \$25.00		ACCOUNT #: I2010		
Please call Tina at th	be above number for an	i issues or concerns. Than	nk you so much!	

COVER LETTER

1. 1% . fort.

TO: Registration Se Division of Cor					
30A Sereni	ty Now LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The male and Aminlos of	Amendment and fee(s) are sub-	nitted for filing			
Please return all correspo	ondence concerning this matter	to the following.			g Park of
	Mike Sevik				
		Name of Person		* **	
	ZenBusiness Inc.				
		Firm/Company			
	5511 Parkcrest Drive Suite	: 207			
		Address			
	Austin, Texas 78731				
		City/State and Zip Co	de		* 200 c
	fulfillment@zenbusiness.co				
		to be used for future ann	ual report notification	on)	
For further information of	concerning this matter, please c	all:			
ZenBusiness c/o Mike S	Sevik	844 at ()	493-6249		_
Name o	of Person	Area Code	Daytime Tele	ephone Number	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing F Certified Copy (additional copy is	,	S60.00 Filing Certificate o Certified Co (additional copy	f Status & py
<u>Mailing Addre</u> Registration		Regi	t Address: stration Section		
Division of C		Divi	sion of Corpora	ations	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 $\frac{\mathcal{A}_{i}}{\mathcal{A}_{i}} = \frac{1}{2} \frac{\mathcal{A}_{i}}{\mathcal{A}_{i}} \frac{\mathcal{A}_{i}}{\mathcal{A}_{i}}$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF A TO ARTICLES OF O O	O RGANIZATION
30A Screnity Now LLC (Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000292895</u>	were filed on September 17, 2020 and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1543 Tryon Road NE
(Principal office address MUST BE A STREET ADDRESS)	Brookhaven, GA 30319
	6 . Stra 24
Enter new mailing address, if applicable:	1543 Tryon Road NE
(Mailing address MAY BE A POST OFFICE BOX)	Brookhaven, GA 30319
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Zachary Hamilton	1543 Tryon Road NE	□Add
		Brookhaven, GA 30319	□Remove
			90 2 0 i. (1925) 0 ■ Change
AMBR	Kathleen Smithson	1543 Tryon Road NE	□Add
		Brookhaven, GA 30319	- yoe of Netest
			⊆ Change
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			sgC} : r c □Remove
			Change
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ective date, if other than the effective date is listed, the date in this learners on the cument's effective date on the	ust be specific and cannot be pr block does not meet the app	licable statutory filin	(optionore than 90 days after figure requirements, this	iling.) Pursuant to 605.03
	ive date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after t
cord specifies a delayed effect s filed.				
ecord specifies a delayed effect s filed. ed May 21	2021			

Filing Fee: \$25.00