## L21000206315

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2022 JAN I I PH12: 58

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: SER	NT TEE DZIC Name of Limite	NZ, LLC d Liability Company	
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	Rhanda D.	Campbell Name of Person	
	SERENITEE	D'ZIGNZ, LLC	
	115 Hillap	Address	
	Midway Jartheria 41a	Hy 32343 City/State and Zip Code David L. Composite used for future annual report notific	ertion)
For fursher information co	ncerning this matter, please cal		,
Thirda C Name of	Canpbell Person	at ( <u>334</u> ) <u>478</u> - Area Code Daytime	8918 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

FILED

2022 JAN 11 PM 1:09

SERENITEE D'ZIGNZ LL  IName of the Limited Liability Compar (A Florida Limited L	iv as it now appears ( iability Company)	SECRETARY OF STATE
The Articles of Organization for this Limited Liability Company		
The Articles of Organization for this Limited Liability Company	were med on	and assigned
Florida document number $L2100206315$ .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here	:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desi	gnation "LLC" or the abbreviation "E.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)	<del></del>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our rec	ords, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		·
New Registered Office Address:		
	Enter Florid	a street address
		Florida Zîp Code
	Сиу	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of n provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is

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
AMBIZ	Rhanda D. Campbell	115 Hillop Dr Midway Fla	
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			@Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
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		Rhad	a D.	Com	dre 11	•			

Filing Fee: \$25.00