

L21 000213022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/31/22--01005--011 **25.00

FILED
2022 MAR 31 PM 2:39
CLERK OF DISTRICT COURT
JULY 1, 2022

Y. SCOTT

APR 16 2022

Aknowledgment of Business Name Change

March 22, 2022

Att: Registration Section
Division of Corporations
P.O Box 6327
Tallahassee, FL 32314

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2022 MAR 31 PM 2:39
TALLAHASSEE, FLORIDA
STATE

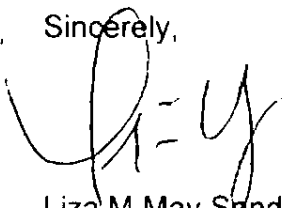
Subject: **Business Name Change**

I am requesting a name change for my business. The business is currently registered as "Serenity By Liza, LLC". I am requesting a name change to "Novo Zen, LLC".

There has been no change in management and I will be providing the same products and services.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Liza M May Sanders", written over a horizontal line.

Liza M May Sanders

Manager / Owner

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERENITY BY LIZA, 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:

Liza M May Sanders

Name of Person

SERENITY BY LIZA, LLC

Firm/Company

2243 Wiley Ct

Address

Hollywood, FL 33020

City/State and Zip Code

novozenmiami@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liza M May Sanders

305 794-4241
at ()

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

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2022 MAR 31 PM 2:39
TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SERENITY BY LIZA, 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 May 06, 2021 and assigned
Florida document number L21000213022.

This amendment is submitted to amend the following:

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

Novo Zen, LLC

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)

2243 Wiley Ct

Hollywood, FL 33020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2243 Wiley Ct

Hollywood, FL 33020

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:

N/A

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.

N/A

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>	<u>Address</u>	<u>Type of Action</u>
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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FBI
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

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

N/A

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2022 MAR 31 PM 2:39
CLERK OF SUPERIOR COURT
DEPARTMENT OF STATE

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 12, 2022

Signature of a member or authorized representative of a member

Liza M May Sanders

Typed or printed name of signee