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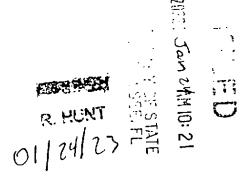
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COVER LETTER

TO: Registration Se Division of Cor			
		SELF CADE ILC	
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	KAREN REID		
		Name of Person	
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	<u>3``</u>	Firm/Company	
		Firm/Company	E.
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	JOI CIVIDENCE OF	Address	
	OCOEE FL 347	<i>(</i> 61	. FIX 2
		City/State and Zip Code	
	K. MARIE. ARTSY	D. GMAIL. COM	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
KAREN REID		at (907) 35[-	6690
1 11 - 1	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	ss:	Street Address:	
Registration	Section	Registration Se	
Division of C	-	Division of Co	
P.O. Box 632		The Centre of 2415 N. Monro	rananassee oe Street, Suite 810
Tallahassee,	エレンととは	ZTIJ IN. MICHIC	in Direct, Darre Oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENTY SELF CARE LL	
(Name of the Limited Liability Company (A Florida Limited Lia	ability Company)
The Articles of Organization for this Limited Liability Company w	were filed on August 04, 2021 and assigned
Florida document number <u>121000350922</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
K-MARIE ART LLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
	HID: 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office ac	ddress on our records, enter the name of the new register
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
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			Remove
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