421000424967

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Amend.

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2022 ALIC -8 PK 1: FO

COVER LETTER

	gistration Sec ision of Corp			•
enninger.	SERRA TO	PIA LLC	·	
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	idence concerning this matter	to the following:	
		SIMON NAON		
			Name of Person	
		NAON AND CO. LLC		
			Firm/Company	
		60 SW 13TH ST #4013		
			Address	
		MIAMI FL 33130		
			City/State and Zip Code	.,
		SIMON@NAONANDCO.C	COM to be used for future annual report noti	fication)
For further is	nformation co	oncorning this matter, please ea		(Reacen)
SIMON NA	ON		347 8986079 at ()	
	Name of	Person	at () Daytim	e Telephone Number
Enclosed is:	a check for th	e following amount:		
■ \$25.00 I	filing Fee	S30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERRA TOPIA LLC		
(Name of the Limi	ed Liability Company as it now ap (A Florida Limited Liability Compar	<u>pears on our records.)</u> ny)
The Articles of Organization for this Limited 1.		09/28/2021 and assigned
Florida document number1.21000424967	<u> </u>	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company	<u>y here</u> :
The new name must be distinguishable and contain the v	vords "Limited Liability Company," t	the designation "E.I.C" or the abbreviation "E.IC."
Enter new principal offices address, if applic	eable:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ur records, <u>enter the name of the new regi</u> s
Name of New Registered Agent:	SIMON NAON	
New Registered Office Address:	60 SW 13TH STREET #4013	3
THE REGISTER OF THE THOUGHT.	Enter	r Florida street address
	MIAMI	, Florida 33130
	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
			□Add
			□Remove
			[]Change
			□Remove
			[IChange
			□Add
			□Remove
			□Change
			□Add
			[]Remove
			□Change
			□Remove
			□Change
		<u> </u>	[JAdd
			□Remove
			∐Change

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	4819					
<u>Sote:</u> If	date, if other than the date of we date is listed, the date must be speci the date inserted in this block does so effective date on the Departmen	not meet the app	plicable statutory i	(0 or more than 90 days iling requirements,	ptional) after filing.) Pursua this date will not	n to 605.0207 be listed as t
record s d is filed	pecifies a delayed effective date, b	ut not an effectiv	e time, at 12:01 a	m, on the carlier of	? (b) The 90th o	lay after the
ated	08/02/2022	· .	·			
	15. Sua		uthorized represents			
	Signatur	e of a member or a	uithorized represent	tive of a member		