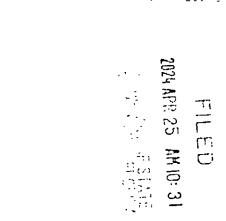
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(R	equestor's Name)	
(A)	ddress)	
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(A	ddress)	
	in (Chata 17 in 17th and 18th	<u></u>
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
	3333333 <u>-</u>	
(B	usiness Entity Name)	
(D	ocument Number)	<del></del>
Certified Copies	Certificates of	Status
		1
Special Instructions to Fit	ing Officer:	
	J. HO	
	APR 21	5 2024

Office Use Only



000428175690





## **'CORPORATE** ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

	WALK IN		
	PICK UP:	BROOK 4/25	
	CERTIFIED COPY		
XX	РНОТОСОРУ	<del></del>	
	GS		
XX	FILING	LLC AMEND	
1.	CORPORATE NAME AND DOCUMENT #)		
2. (CORPORATE NAME AND DOCUMENT #)			
3.	(CORPORATE NAME AND DOCUMEN	X <sup>*</sup> [* #)	
4.	(CORPORATE NAME AND DOCUMEN		
5.	(CORPORATE NAME AND DOCUMEN	NT #)	
6. (CORPORATE NAME AND DOCUMENT #)			
SPECIAL INSTRUCTIONS:			

## **COVER LETTER**

TO.

Registration Section

Tallahassee, FL 32314

Division of Co	rporations			
	DESIGNS LLC			
SUBJECT:	Name of Lim	ited Liability Company		<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MAX ADAMS			
		Name of Person		<del></del> -
	THE MEDI LAW FIRM			
	-	Firm/Company		
	4929 SW 74TH CT			
		Address		
	MIAMI FL 33155			
		City/State and Zip Code		
	EVELYN@THEMEDILAV			
	E-mail address: (	to be used for future annual r	eport notification)	
For further information	concerning this matter, please co	ill:		
MAX ADAMS			-3484	
Name	of Person	Area Code	Daytime Telephone l	Number
Enclosed is a check for	the following amount:			
		T see on tillage For the		0.00 Filian Faa
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl.)	osed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Addre		Street Ad		
Registration		<del>-</del>	tion Section	
	Corporations		of Corporations	
P.O. Box 63	<i>21</i>	i ne Cen	itre of Tallahassee	<b>5</b>

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 APR 25 AM 10: 32

**DIURYS DESIGNS 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 01/18/2022	and assigned
Florida document number L22000035519		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
DIURY'S SERENITY LLC		
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addrengent and/or the new registered office address here:	ss on our records, <u>ent</u>	er the name of the new registe
the state of the s		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street add	Iress
		Florida
(	ïiv	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
		<del></del>	□Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
			□ Change
			□Add
			Remove
			\(\sum_\) Change
			□Remove
			Change

	<b>4 4 7 1 1 1 1 1 1 1 1 1 1</b>	ttach additional sheets, if necessary.)
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		<u> </u>
(If an effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this I document's effective date on the	block does not meet the applicable s	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207 ( tatutory filing requirements, this date will not be listed as t
he record specifies a delayed effect ord is filed.	ive date, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated APRIL 25	2024	
Dated	1 /2/2	
	Signature of a member or authorized	representative of a member
MAY ADAMS AUTI	IORIZED REPRESENTATIVE	
	Typed or printed pan	