Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BEST VISTON ACCOUNTING

Account Number : I20150000091 Phone : (305)220-9616 Fax Number : (305)220-9617

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SERENITY MED GROUP, LLC

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Certificate of Status Certified Copy Page Count Estimated Charge \$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENITY MED GROUP, LLC		
(Name of the Limited Liability Comp (A Florida Limited	ony as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>03/14/2022</u>	and assigned
Florida document number L22000127743		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
SERENITY RESEARCH CENTER, LLC		
The new name must be distinguishable and contain the words "Limited List	oility Company," the designation "LLC" or the a	bbreviation "L.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)		
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B. If amending the registered agent and/or registered office	address on our mounts ofter the non	no of the new redstare.
agent and/or the new registered affice address here:	additess on our records, enter the han	te of the new registeret
		2(
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	2
	, Florida	<u> </u>
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	-
I hereby accept the appointment as registered agent and as	ree to act in this capacity. I further as	eree to comply with the

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Remove
			Change
			[] Add
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n effective date is listed, the dat te: If the date inserted in t	e must be specific and us block does not t	d cannot be prior to	date of filing or more	than 90 days after file	ing.) Pursuant to 605.020 ate will not be listed a
cument's effective date on					
cord specifies a delayed of is filed.	ective date, but not	t an offective tim	ac, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
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Filing Fee: \$25.00