

L22000333571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

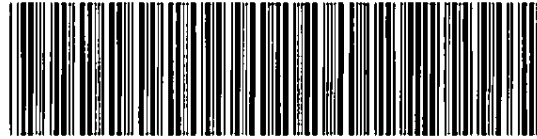
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LLC
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FILED

2023 JUN 16 AM 9:51

SECRETARY OF STATE
DIVISION OF CORPORATIONS

2023 JUN 16 PM 2:35



TOP

A. RAMSEY
JUN 19 2023

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160: ___\$25.00___

Authorization Signature: _____

Serenity For Snowbirds LLC
Business

L22000333571
DOC#

NEW FILINGS

___ Profit Corp
___ Not for Profit
___ Officer/Director
___ Limited Liability
___ Domestication
___ Other
___ **CORP**
___ **LLLP**

AMENDMENTS

X___ Amendment
___ Resignation of R.A. or member
___ Dissolution
___ Change of Registered Agent
___ Revocation of Dissolution
___ Merger
___ **Conversion**
___ **Amended and restated Articles**
___ **Statement of Correction**

OTHER FILINGS

___ **Trademark**
___ Annual Report
___ Fictitious Name
___ **APOSTILLE** _____
___ Other
Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Serenity For Snowbirds

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:

Kelly Woolever

Name of Person

Serenity For Snowbirds

Firm/Company

283 SE Sailfish Lane

Address

Stuart Fl 34996

City/State and Zip Code

kelly@serenityforsnowbirds.com

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

For further information concerning this matter, please call:

Kelly Woolever

at (704)

984-3272

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

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

FILED

2023 JUN 16 AM 9:51

Serenity For Snowbirds

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 28 2022 and assigned
Florida document number L22000333571

This amendment is submitted to amend the following:

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

Peace Of Mind Concierge Services 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:

6102 SE Landing Way Apt 13

(Principal office address MUST BE A STREET ADDRESS)

Stuart FL 34997

Enter new mailing address, if applicable:

6102 SE Landing Way Apt 13

(Mailing address MAY BE A POST OFFICE BOX)

Stuart FL 34997

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:

6102 SE Landing Way Apt 13

New Registered Office Address:

Enter Florida street address

Stuart

Florida

34997

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

N/A

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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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 JUNE 16, 2023
Kelly Wooler
 Signature of a member or authorized representative of a member
Kelly Wooler
 Typed or printed name of signee

Filing Fee: \$25.00