

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900427389239

94/09/24--01025--008 ++25.00

COVER LETTER

Registration Section Division of Corporations

TO:

SERENIT SUBJECT:	Y APPLIANCE REPAIR LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kanat Kelsinbekov		
		Name of Person	
	SERENITY APPLIANCE	REPAIR LLC	
	-	Firm/Company	
	31897 Blue Passing Loop		
		Address	
	Wesley Chapel FL 33545		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	kanat.kelsin@gmail.com		
	E-mail address: (to be used for future annual report no	itication)
For further information	concerning this matter, please c	all:	
Kanat Kelsinbekov		813 3529750 at ()	
Name	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEQUOIA DREAM 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 09/13/2022 and assigned Florida document number L22000399646 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SERENITY APPLIANCE REPAIR LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 31897 Blue Passing Loop Enter new principal offices address, if applicable: Wesley Chapel FL 33545 (Principal office address MUST BE A STREET ADDRESS) . Enter new mailing address, if applicable: 31897 Blue Passing Loop Wesley Chapel FL 33545 (Mailing address MAY BE A POST OFFICE BOX) (4) 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: 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.

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>	Name	Address	Type of Action
			
			□Remove
	•		□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

					
					-
				·	
			. <u></u>		
			<u> </u>		
 _				-	
					· -
-	····				·········
			<u>-</u> .		<u>-</u> .
			<u></u>		
		_	<u>.</u>		
		<u> </u>			
	<u></u>				
					_
ffective date, if other than an effective date is listed, the date	the date of filing	g:	1	(opti	onal)
Note: If the date inserted in thi	s block does not m	neet the applical	odate of filing or mole statutory filing	ore than 90 days after g-requirements, this	r Dhng.) Pursuant to 605.0 s date will not be listed
locument's effective date on the	Department of S	tate's records.			
record specifies a delayed effe d is filed.	ctive date, but not	an effective tim	e, at 12:01 a.m. o	on the earlier of: (b) The 90th day after t
a is mea.					
March 20		2024			
Dated March 20		-			
Dated March 20	Lanal	-	. beloo		
March 20	Lanal Signature of a n	-	. be loo /	of a member	<u> </u>

Filing Fee: \$25.00