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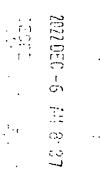
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
SUBJECT: Serenity Co	nsulting & Management 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 correspo	ndence concerning this matter	to the following:	
	Δ	Jonique V Bowden	
		Name of Person	
	Screnity	Consulting & Management LLC	
		Firm/Company	
		P.O Box 680537	2022 DEC
		Address	
		Orlando Florida 32868	
		City/State and Zip Code	
	ser	enitymanager01@gmail.com	<u> </u>
	E-mail address: (	to be used for future annual report notif	fication)
For further information c	oncerning this matter, please c	all:	
Monique V Bowden		at (	- 8557
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	nity Consulting & Management LLC	
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Included In		ember 14 2022 and assigned
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company he	<u>ne</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		17.2
		- III
Enter new mailing address, if applicable:		i i
Mailing address MAY BE A POST OFFICE	 EBOX)	Tire 1
		23
		. Q
<ol> <li>If amending the registered agent and/or agent and/or the new registered office addresses</li> </ol>		cords, <u>enter the name of the new reg</u> i
Name of New Registered Agent:	Monique V Bowden	
New Registered Office Address:	5427 Stirrup Way	
	Enter Flori	da street address
	Orlando	, Florida <u>32810</u>
	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.

mongre V Bourden

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
MGR	Monique V Bowden	5427 Stirrup Way Orlando Florida 32810	
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			□ Change
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