L23000501049

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A. BUTLER NOV - 7 2023

COVER LETTER

TO: Registration Division of C			
SUBJECT: _	SERENITY OF	HKS LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corres	pondence concerning this matter i	to the following:	
	Nadya	Stringtairi Name of Person	
		Firm/Company	
	10050 M	Address	·
		ee, FL 32309 City/State and Zip Code	
	Madja_ E-mail address: (1	City/State and Zip Code A Q 4 Choo Com to be used for future annual report notif	fication)
For further information	n concerning this matter, please ca		
Nadya Name	Stringham e of Person	at (954) Z90 Area Code Daytime	- 9135 e Telephone Number
Enclosed is a check for	r the following amount:		
S S25.00 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)
	n Section Corporations	Street Address: Registration Sec Division of Cor	
P.O. Box 6	327	The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tailahassee, FL 32314

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

FILED

SERENITY DAKS LL	Ċ	2023 NOV -7 PM 12: 00	
(Name of the Limited Liability Compa (A Florida Limited	any as it now apport	pears on our records.)	
(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ciaomity company	11 03 2023 SEE, FL and assigned	
The Articles of Organization for this Limited Liability Company	were filed on _	11 03 2023 and assigned	
Florida document number <u>L23000501049</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	y here:	
KOLLING DAKS FARM	LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," th	he designation "LLC" or the abbreviation "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)			
B. If amending the registered agent and/or registered office	address on our	ir records, enter the name of the new registere	<u>d</u>
agent and/or the new registered office address here:			
N. CN. D			
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter F	Florida street address	
	 _	Florida	
No. 10 to 14 to 15	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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 = Manager			
AMBR = Authorized M	lember		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
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			□ Remove
		-	□Change
			□Add
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TOLE. II	e date, if other tive date is listed, the the date inserted it's effective date	in mis block o	oes not m	icct the appr	icable statuto	ng or more that ry filing requi	(option) 90 days after firements, this c	nal) ling.) Pursuant (late will not b	o 605.0207 e listed as i
e record s d is filed	specifies a delaye l.	d effective date	e, but not	an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day	after the
Dated	Nov	7	,	202	<u>3</u> .				
		Sign	ature of a n	nember or aut	horized repres	entative of a me	ember		_

Filing Fee: \$25.00