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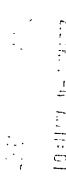
(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified copies Certificates of States
Special Instructions to Filing Officer:
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COVER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

Screnity Sc	aside Operations, LLC			
SUBJECT:		ted Liability Compan		
	Name of Limi	леа Евопку Сотран	y.	
The enclosed Articles of	Amendment and tee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Judy Limbach			
		Name of Perso	n	 ,
	OZPros, LLC			
		Firm/Company	y.	
	156 W. Statesville Avenue			
		Address		
	Mooresville, NC 28115			
	judy@ozpros.com	City/State and Zip	Code	
		o be used for future a	nnual report notiti	cation)
For further information of	oncerning this matter, please ea	11 ;		
Judy Limbach		336	631-0040	
Name c	f Person	Area Code	Daytime	Telephone Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	рУ.	 \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address Registration			eet Address: gistration Sec	tion
Division of C			vision of Corp	
P.O. Box 633			e Centre of Ta	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

as it now appears on our recobility Company) ere filed on May 20, 2024	and assigned
ere filed on May 20, 2024	and assigned
ty company here:	
Company," the designation "L	LC" or the abbreviation "L.L.C."
1	
dress on our records, <u>ent</u>	er the name of the new regist
Enter Florida street ada	lress
	FloridaZip Code
·	
	dress on our records, ent

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

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	Serenity Development LLC	174 Watercolor Way, PMB 410	
		Santa Rosa Beach, FL 32459	■Remove
			□Change
MGR	Craig Dermody	174 Watercolor Way, PMB 410	■Add
		Santa Rosa Beach, FL 32459	Remove
			□Change
AMBR	Serenity OZ Fund, LLC	8716 Vantage Point Drive	□ Add
		Austin, TX 78737	■Remove
			□Change
AMBR	Serenity Fund Manager, LLC	8716 Vantage Point Drive	= Add
		Austin, TX 78737	□Reinove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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tiva data if a	other than the date of fi	ilina:		(optional	
ffecuve date is h If the date in	isted, the date must be specific iserted in this block does note that on the Department	and cannot be prior to or meet the applicable	date of filing or more the statutory filing rec	ian 90 days after filing	t.) Pursuant to 605,0207 (3
rd specifies a l ited.	delayed effective date, but	not an effective time	r, at 12:01 a.m. on if	e earlier of: (b) T	ne 90th day after the
	October 24	2024			
-	R51	Mos			
	Signature is	a member or authoriz	ed representative of a	n'ember	