

L24000355413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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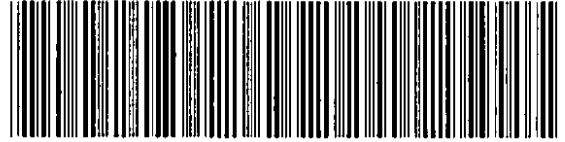
(Business Entity Name)

(Document Number)

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2024 OCT -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Name: Kristen Merritt

Company: Serenata Beach and Racquet Club LLC

Phone #: 904-814-9804

Return Address: 417 Triple Crown Lane, Saint John's, FL 32259

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENATA BEACH & RACQUET CLUB, LLC
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:

KRISTEN MERRITT

Name of Person

SERENATA BEACH & RACQUET CLUB, LLC

Firm/Company

417 Triple Crown Lane

Address

Saint Johns, FL 32259

City/State and Zip Code

kristen@natginc.com

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

For further information concerning this matter, please call:

KRISTEN MERRITT

Name of Person

904

at ()

Area Code

8149804

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**

SERENATA BEACH & RACQUET CLUB, 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 August 13th, 2024 and assigned
Florida document number L24000355413.

This amendment is submitted to amend the following:

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

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:

417 Triple Crown Lane Saint Johns, FL 32259

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

417 Triple Crown Lane Saint Johns, FL 32259

(Mailing address MAY BE A POST OFFICE BOX)

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:

KRISTEN MERRITT - MGR

New Registered Office Address:

417 Triple Crown Lane

Enter Florida street address

Saint Johns

City

Florida 32259

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

X

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>	<u>Address</u>	<u>Type of Action</u>
MGR	KRISTEN MERRITT	417 Triple Crown Lane Saint Johns, FL 32259	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES F VALENTI JR		<input type="checkbox"/> Add
		33 ACORN GROVE CT PONTE VEDRA, FL 32081	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KELLY P KOSMIN		<input type="checkbox"/> Add
		795F STOKES LANDING ROAD, SAINT AUGUST,	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

September 24 2024

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 24, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00