## L99000002920

(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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## **COVER LETTER**

TO: Registration Se Division of Cor		_	•
	each Club, L.L.C.	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Daniel Laubacker		
		Name of Person	
	Serenata Properties, LLC		
		Firm/Company	
	395 Saint Marks Pond Blv	d	
		Address	<del></del>
	Saint Augustine, FL 32095	5	
		City/State and Zip Code	<del></del>
	dlaubacker@bhs-llc.com	to be used for future annual report notil	lication)
For further information c	oncerning this matter, please of		
Daniel Laubacker		904 501-5106 at ()	
Name o	f Person	Area Code Daytimo	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)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addres		Street Address:	
Registration S	Section	Registration Sec	ction
Division of C		District - CC	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

23.51 10 84 6:14

Serenata Beach Club, L.L.C.				
( <u>Name of the Limited Li</u> (A Fl	ability Compa orida Limited I	ny as it now appears on ou Liability Company)	r records.)	<del>_</del>
he Articles of Organization for this Limited Liabili	ity Company	were filed on May 20,	1999	and assigned
Florida document number L99000002920	·			
his amendment is submitted to amend the followin	g:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
he new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the designati	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	:	395 Saint Marks Pond	Blvd	
Principal office address MUST BE A STREET AI	DDRESS)	Saint Augustine, FL 32	2095	
Enter new mailing address, if applicable:		395 Saint Marks Pond	Blvd	
Mailing address MAY BE A POST OFFICE BOX	Ω	Saint Augustine, FL 32	2095	
<ol> <li>If amending the registered agent and/or regist gent and/or the new registered office address he</li> </ol>		address on our records	s, enter the nam	e of the new regis
Name of New Registered Agent: A	nsbacher Law	<b>Y</b>		
New Registered Office Address: 88	318 Goodbys	Executive Drive, Suite 10		······································
		Enter Florida stre		
<u>Ja</u>	icksonville		Florida	217
		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.

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>	Name	Address	Type of Action
MGR	Fletcher Group II, L.L.C.	101 E. Town Place	□ Add
	Suite 150	≣Remove	
		Saint Augustine, FL 32092	□Change
MGR	Screnata Properties, LLC	395 Saint Marks Pond Blvd	<b>=</b> Add
		Saint Augustine, FL 32095	□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		<del> </del>	□Change
			□Add
		□Remove	
			□Change
<del></del>		□ Add	
			□Remove
			□Change

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Signature of a member or authorized representative of a member		
	ited_	2020
Desial I Laubeahar		Signature of a member or authorized representative of a member
		Daniel J. Laubacker

Filing Fee: \$25.00