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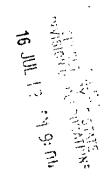
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION	SerenityGate Found	ation Inc		· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUMBER:	N15000009222			•
The enclosed Articles of An		nitted for filing.		
Please return all correspond	ence concerning this matte	er to the following:		
Susan Binau				
		(Name of Contact Person)	
SerenityGate LLC				
		(Firm/ Company)		
474 Water Street				
**************************************		(Address)		
Celebration, FL 34747				
		(City/ State and Zip Code	:)	
susbinau@gmail.com				
I	-mail address: (to be used	for future annual report r	otification)
For further information cond	cerning this matter, please	call:		
Susan Binau		407 at	7-747-1607	
	(Name of Contact Person) (Ar	ea Code)	(Daytime Telephone Number)
Enclosed is a check for the	following amount made pa	yable to the Florida Depa	rtment of S	State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certifi Certifi	Filing Fee cate of Status ed Copy is sed)
Mailing A	Address	Street	Address	

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Serenity Tate Foundation Inc.

f Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	orporation" or "incorporated	" or the abbreviation "Corp." or "Inc.
Company" or "Co," may not be used in the name.		
B. Enter new principal office address, if applicable:		
Principul office address <u>MUST BE A STREET ADD</u>		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·	
		
). If amending the registered agent and/or registers	ed office address in Florida.	enter the name of the
If amending the registered agent and/or registered new registered agent and/or the new registered of the		enter the name of the
new registered agent and/or the new registered of		enter the name of the
		enter the name of the
new registered agent and/or the new registered of		enter the name of the
new registered agent and/or the new registered of New Registered Agent:	office address:	enter the name of the
new registered agent and/or the new registered of	office address:	
Name of New Registered Agent:	office address:	
new registered agent and/or the new registered of Name of New Registered Agent:	office address:	orida street address)
new registered agent and/or the new registered of New Registered Agent: New Registered Office Address:	office address: (Flooring)	orida street address) , Florida
new registered agent and/or the new registered of Name of New Registered Agent:	office address: (Fig. (City) (Stered Agent:	orida street address), Florida (Zip Code)

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mil</u>	n <u>Doe</u> ke Jones ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P,D	Carrie Shak	1001 Celebration Ave Unit 211
Add			Celebration, Fl 34747
x Remove			
2) Change	P,D	Susan Binau	474 Water Street
S Add			Celebration, FL 34747
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		*************************************	
Add			
Remove		Pagé 2 of 4	

[amending or adding additional A ttach additional sheets, if necessary)	. (Be specific)				
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	date of each amend		, if other than the
e cc	ective date <u>if applica</u>	06/01/2016:	
12114		(no more than 90 days after amendment file date)	
		d in this block does not meet the applicable statutory filing requirements, this date will not con the Department of State's records.	be-listed as the
Ado	option of Amendmer	nt(s) (<u>CHECK ONE</u>)	
	The amendment(s) was/were sufficient	was/were adopted by the members and the number of votes cast for the amendment(s) for approval.	
	There are no member adopted by the boar	ers or members entitled to vote on the amendment(s). The amendment(s) was/were d of directors.	
-	Dated	06/28/2016	
	. Signature _	On Dru	<u> </u>
	Ì	By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	•
		Susan Binau	
		(Typed or printed name of person signing)	
		President	
		(Title of person signing)	