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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	porations						
Serendipity	Interiors LLC						
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:					
		Name of Person	702 1				
	Bruce Developments, LLC		2020 JUL 10 PH 4: 19				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	10				
	611 Breakfast Point BLVE)	Mc PR				
		Address	A L. 19				
	Panama City Beach, FL 32	407	5				
		City/State and Zip Code	 				
	chadmbruce@gmail.com E-mail address: (to be used for future annual report no	tification)				
For further information c	oncerning this matter, please c	all:					
Chad Bruce		850 866-0839					
Name o	f Person	at () Area Code Daytii	ne Telephone Number				
Enclosed is a check for the	he 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		Street Address:					
Registration : Division of C		Registration Se Division of Co					
P.O. Box 632	•	The Centre of					
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Serendipity Interiors, LLC		
(<u>Name of the Limited Liabi</u> (A Flori	llity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability	Company were filed on 6/9/2020	and assigned
lorida document number L20000158717	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lir	nited liability company here:	
Serendipity Designs, LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	ORESS)	
		3 0
inter new mailing address, if applicable:		() F: -
Mailing address MAY BE A POST OFFICE BOX)	 :	(7) C
	<u></u>	·
3. If amending the registered agent and/or register		enter the name of the new reg
gent and/or the new registered office address here	•	
Name of New Registered Agent:	<u> </u>	<u> </u>
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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Filing Fee: \$25.00