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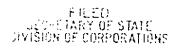
LEC O A 2019

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SERENDIPIA SEI	RVICE CORP		_
DOCUMENT NUMI	BER: P19000015495			_
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	ABIEZER TROMPETERO	SILVA		
		Name of Contact Person	n	
	SERENDIPIA SERVICE CORP			
		Firm/ Company		
	2127 NE 40TH RD	, ,		
		Address		
	HOMESTEAD, F 33033			
		City/ State and Zip Cod	e	
srojas	spa@gmail.com			
	E-mail address: (to be u	sed for future annual report	notification)	_
For further informatio	n concerning this matter, plea	se call:		
ABIEZER TROMPE	rup()	784	, 6449856	; ·.
Name of Contact Person		at (_)	· ·
Name	of Contact Person	Area Co	de & Daytime Telephone No	umber
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	:
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle	

Articles of Amendment to Articles of Incorporation of



SERENDIPLA SERVICE CORT

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SERENDIPIA SERVICE CORP		70 CEO O 111 G. OZ
(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)
P19000015495		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
, ,		1042 NW 87TH AVE UNIT 311
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		MIAMI FL 33172
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1042 NW 87TH AVE UNIT 311
		MIAMI FI. 33172
		
D. If amending the registered agent as new registered agent and/or the ne		dress in Florida, enter the name of the
		MACHADO ESCALONA
Name of New Registered Agent	1042 NW 87TH AVE U	 NIT 311
	(Florida s	treet address)
New Registered Office Address:	MIAMI	, Florida ³³¹⁷²
······································		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	tered agong. I am familia	r with and accept the obligations of the position.
	Signature of New	Registered Agent, if changing
		,

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
P Change	P	ABIEZER TROMPETERO SILVA	1042 NW 87TH AVE UNIT 311
, Add			MIAMI FL 33172
Remove			
2) Change			
Add			
Remove			
3) Change			_
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
 -	
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-	
<u></u>	
····	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	Chamber in the committee in the amount of the committee in the committee i

	OCTOBER 1, 2019	
The date of each amendment(s) date this document was signed.	adoption:	if other than the
O	CTOBER 1, 2019	
Effective date <u>if applicable</u> : _	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
OCTO Dated	BER 1,2019	
Signature	Sman	
(By sele	a director, president or other other—if directors or officers have not been eted, by an incorporator—if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	
	ABIEZER TROMPETERO SILVA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	