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SECRETARY OF STATE
PALLAHASSEE, FI DRIE

D. BRUCE

MAY 19 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENDIPITY INTERNATIONAL INVESTMENT GROUP LI

Name of Limited 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:		
	D	OREEN PARRONDO)	
	Name of Person			•
	PARRONDO & ASSOCIATES, P.A			_
	Firm/Company			
	6505 BLUE LAGOON DR. SUITE 130			-
		Address		Ā.s.
	MIAMI, FL 33033			09 MAY 18 SECRETAR NLLAHASSI
		City/State and Zip Code dparrondo@att.net		HASS
	E-mail address: (to be used for future annual rep	ort notification)	<u> </u>
For further information of	oncerning this matter, please c	all:		AH 10: 57 OF STATE FLORID
a(448-0700 Daytime 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 6		ate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENDIPITY INTERNATIONAL INVESTMENT GROUP LL

(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 Liabi	lity Company were filed on	April 15, 2009	and assigned
Florida document numberL090003650	3		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company h	ere:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(IDDRESS)		<u> </u>
	 		ECC. A
			I Y I
Enter new mailing address, if applicable:			8 8 8 8
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		
	·		SIN 5
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter t	₽m 7
Name of New Registered Agent:			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	E	Enter Florida street add	ress
_		, 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 608, 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.

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title Name Address **Type of Action** ☐ Add Remove ☐ Add Remove \square Add Remove Remove $\prod Add$ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE AMEND BOTH MEMBER NAMES AS FOLLOWS: 1ST MEMBER: LUIS A. PERAZO 2ND MEMBER: SILVANA CONCEICAO DIAS BOTH LAST NAMES WERE INCORRECTLY SPELLED. MAY 11, Dated ___ Signature of a member or authorized representative of a member LUIS A. PERAZO Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00