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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 19 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SERENDIPITY INTERNATIONAL INVESTMENT GROUP LL<sub>C</sub>

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DOREEN PARRONDO

Name of Person

PARRONDO & ASSOCIATES, P.A.

Firm/Company

6505 BLUE LAGOON DR. SUITE 130

Address

MIAMI, FL 33033

City/State and Zip Code

dparrondo@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doreen Parrondo

Name of Person

at ( 305 ) 448-0700

Area Code & Daytime Telephone Number

Enclosed is a check for the 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:

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

### STREET/COURIER ADDRESS:

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

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## SERENDIPITY INTERNATIONAL INVESTMENT GROUP LLC

Page 1 of 2

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TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> 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.

Dated MAY 11, 2009

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

LUIS A. PERAZO

\_\_\_\_\_  
Typed or printed name of signee

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