L11 0000 84198

(Requestor's Name)
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(Document Number)
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C/ relaglavas

COVER LETTER

Division of Co	rporations		
SEREND SUBJECT:	IPITY SOLUTIONS LLC		
30 DA EX. 1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	adraine@aol.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please co	ail:	
Cheyenne Moseley		800 773-0888 at ()	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SERENDIPTTY SOLUTIONS LLC

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	ipany as it now appears on our records.) d Liability Company)
(A Fronca Linno	ra Chaomiy Company)
The Articles of Organization for this Limited Liability Comparation document number L11000084198	ny were filed on 07/21/2011 and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
he new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2803 402 ADE W BRADENDO TO 34205
Principal office address MUST BE A STREET ADDRESS)	Bradenton to 34205
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h	<u>ere</u> :
3. If amending the registered agent and/or registered registered agent and/or the new registered office address have a Name of New Registered Agent: New Registered Office Address:	office address on our records, enter the name of the sere: ADLAINE KREGCO 803 407 Avg C Enter Florida street address Madeston Florida 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>	<u>Address</u>	Type of Action
President	Kreglo, Adraine M		
		2803 40th Avenue West BRADENTON, FL 34205	■ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
AMBR	KREGLO, ADRAINE		□ Add
			☐ Remove
		2803 40th Avenue West BRADENTON, FL 34205	
			Add
			Remove
			Change
			Remove
			☐ Change
			□ Add
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Effective date, if other if an effective date is listed, Note: If the date inserte document's effective date.	d in this block do	es not meet the ap	plicable statutory	or more than 90 days a	fter filing.) Pursuant to 6	05.020' sted as
ne record specifies of The 90th day afte			not an effecti	ve time, at 12:0	1 a.m. on the ear	lier c
Dated May	.1	20	9.3 Vale			
	Signati	11000	authorized/represent	ative of a member		
	ingilati	are or a member of		ance of a mentoer		

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Filing Fee: \$25.00