

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000121246 3)))



H140001212463ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : 120070000160

: (800)494-3124

Phone Fax Number

: (561)455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:							
-------	----------	--	--	--	--	--	--	--

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SERENDIPITY 2014 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

Superbiz.com

STATMENT OF CORRECTION FOR

H14000121246 3

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRS	<u>T</u> :	The name of the limited liability company is: SERENDIPITY 2014 LLC L14000680993								
<u>SECC</u>	OND:	Document to be corrected is: ARTICLES OF ORGANIZATION								
	(CHEC	CK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT								
×	and the	ins an incorrect statement. The incorrect statement, the reason the statement is incorrect corrected statement are as follows: ICLE V - NAME AND ADDRESS OF MANAGING MEMBERS	ot,							
		ORRECTLY LISTS THE AMBR AS FEDERICA CALANDRIELL								
	ART	ARTICLE V - NAME AND ADDRESS OF MANAGING MEMBERS								
	SHO	SHOULD CORRECTLY LIST THE AMBR AS FEDERICA CALANDRIELLO								
	OR									
		as defectively signed. The manner in which the document was defectively signed and the propriate correction are as follows:								
			ISIAIE							
		MAY 22								
	<u></u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ ~~							
	<u>OR</u>	ထ ဘ	45							
	The cl	dectronic transmission of the record was defective. 05/22/2014								
Si	gnature	of Authorized Representative Date								
		Filing Fee: \$25.00								

Certified Copy:

\$30.00 (optional)

H14000121246 3

CR2E062 (12/13)