

U17000 198404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

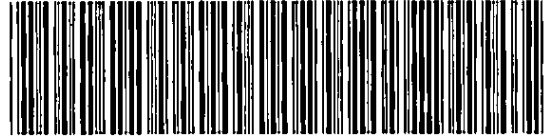
(Business Entity Name)

(Document Number)

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18 JUL 18 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTRARS

JUL 17 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2018

MARIA VIDAL PERREIRA
6520 SW 19TH ST
MIAMI, FL 33155

SUBJECT: SERENDIPIA ENTERTAINMENT LLC
Ref. Number: L17000198404

We have received your document for SERENDIPIA ENTERTAINMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 018A00013983

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2018

MARIA VIDAL PEREIRA
6520 SW 19TH ST
MIAMI, FL 33155

SUBJECT: SERENDIPIA ENTERTAINMENT LLC
Ref. Number: L17000198404

We have received your document for SERENDIPIA ENTERTAINMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check box to indicate on page 2 of application if you adding, changing or removing member.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L. Simmons
Regulatory Specialist III

Letter Number: 618A00013307

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2018 JUL -5 PM 12:15

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SERENDIPIA ENTERTAINMENT LLC

(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 Liability Company were filed on SEPTEMBER 25, 2017 and assigned
Florida document number L 17000198404.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SERENDIPIA ENTERTAINMENT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6520 SW 19TH ST

MIAMI FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6520 SW 19TH ST

MIAMI FL 33155

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MARIA GABRIELA VIDAL PEREIRA

New Registered Office Address:

6520 SW 19TH ST

Enter Florida street address

MIAMI,

Florida 33155

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 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>	<u>Type of Action</u>
MGR	MARIA G. VIDAL PEREIRA	6520 SW 19TH ST	<input type="checkbox"/> Add
		MIAMI, FL, 33155	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I NEED ADD MY FULL NAME IN MY LLC. MY FULL NAME IS MARIA GABRIELA VIDAL PEREIRA

I AM MANAGER, SINGLE MEMBER AND REGISTERED AGENT

My new address is: 6520 SW.
19th ST. Miami. FL. 33155.

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JUL 18 PM 3:18
CLERK OF COURT
HALLANDALE BEACH


Effective date, if other than the date of filing: 05/14/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
) The 90th day after the record is filed.

Dated MAY 14, 2018


Signature of a member or authorized representative of a member

MARIA GABRIELA VIDAL PEREIRA

Typed or printed name of signee