5/7/2019



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.

(((H190001507933)))



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To:		₹.
	Division of Corporations	<u>.</u> .
	Fax Number : (850)617-6383	
From:		<u> </u>
	Account Name : LEGALZOOM.COM INC.	· ·
	Account Number : 120010000062	
	Phone : (323)962-8600	(*)
	C 406.4 . /2221062 2000	_
*Enter an	Fax Number : (323)962-3889 the email address for this business entity to be used to be	sed for future please.**
ani	the email address for this business entity to be us	sed for future please.**
ani	the email address for this business entity to be us nual report mailings. Enter only one email address	sed for future please.**
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en.	the email address for this business entity to be us nual report mailings. Enter only one email address ail Address:	please.**
en.	the email address for this business entity to be used to report mailings. Enter only one email address ail Address: LC AMND/RESTATE/CORRECT OR M/MG I	please.**

05 Page Count \$55.00 Estimated Charge

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Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Se Division of Cor			
	-	PITY TRADES LLC		
SUBJE	.CB:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	nitted for filling.	
Please t	return all correspo	ndence concerning this matter	o the fullowing:	
		Cheyenne Moseley		
			Name of Person	······
		Legalzoom.com, Inc.		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		101 N. Brand Blvd., 11t	n Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		Marilyn.moralesperez@g		
		E-mail address: (to be used for hiture annual report noti-	lication)
For fur	ther information o	concerning this matter, please of	ill:	
Cheye	enne Moseley		at (773-0888 e	
	Name o	if Person	Area Code Daytim	c Telephone Number
Enclose	ed is a check for t	he following amount:		
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	en rations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF	ORGANIZATION	20
)F	2019 HAY
SERENDIPITY TRADES LLC		1 1
(Name of the Limited Limited Limited (A Florida Limited	may as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 02/19/2019	and assigned
Florida document number 1.19000048872		
		i ω
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
A. If all reliability training		
The new name must be distinguishable and end with the words "Limited Lie	shility Company "the designation "LLC" o	or the abbreviation "L.L.C."
The new manie than he distinguishable and the wild are words. Control 200	ionity company, the congliment of the	, , , , , , , , , , , , , , , , , , , ,
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
Passa and mailing address if anolimbles		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	onice address on our records, <u>c</u> ere:	inter the name of the new
tegistered agent and/or the new registered wither address to	<u></u>	
51 0 To all house		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street uddress	
	, Floric	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I furth	er agree to comply with the
provisions of all statutes relative to the proper and complete	te performance of my duties, and t	l am familiar with and
accept the obligations of my position as registered agent a	s provided for in Chapter 605, F.S	3. Or, if this document is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te address. I hereby confirm that t	не итнеа навину
company has oven norgica at writing of this change.		

If Changing Registered Agent, Signature of New Registered Agent

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

	R = Manager BR = Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	PERE, MARILYN M	1109 GARDANNE CT.	C) Add
			☑ Remove
AMBR	Morales Perez, Marilyn	1109 Gardanne Ct.	⊠ Add
		Kissimmec, Florida 34759	Remove
			D.444
			С Веточе
			, □ Add
			☐ Remove
			D Add
			□ Кепнуче
<u></u>			
			Remove

. If amending any other informa	ion, enter change(s) here: (Allach additional)	sheets, if necessary.j
Effective date, if other than the (The effective date must be specific, caru the date this document is filed by the Fl	or be prior to date of receipt or filed date and cannot be mo	(optional) se than 90 days after
Dated May 7th	, 2019	
	DUDLA	
	Signature of a member of authorized representative of a Marilyn Morales Perez	member
	Typed or printed name of signee	201
		2019 MAY
		(1-7)

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