

8/23/24, 12:09 PM

Division of Corporations

L24000340945

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

((1124000283662 3)))



H2400028366234BC0

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 : LEGALZOOM.COM INC.
Account Number : 1200100000052
Phone : (323) 962-8600
Fax Number : (323) 389-0502

2024 AUG 26 AM 3:17
FILED
TALLAHASSEE, FLORIDA

FILED

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 DESIGN
SERENE PARADISE RENTALS LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

AUG 27 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SERENE PARADISE RENTALS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mike Town

Name of Person

Legalzoom.com, Inc.

Firm/Company

9900 Spectrum Dr

Address

Austin, TX 78717

City, State and Zip Code

ripanaque09@gmail.com

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

For further information concerning this matter, please call:

Mike Town

800 773-0888

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$70.00 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

FILED
2024 AUG 26 AM 3:18
TALLAHASSEE, FLORIDA

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2024 AUG 26 AM 3:18
FILED
INLET
2024 AUG 26 AM 3:18

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

FILED
2024 AUG 26 AM 3:18
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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.

(b) The 90th day after the record is filed.

Dated August 21, 2024

Signature of a member or authorized representative of a member

Rocio Lizet Ipanaque

Typed or printed name of signee