

LD60000006640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

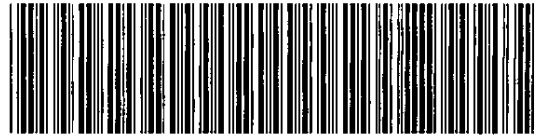
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

N. Carrigan JUL 31 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CER ENTERPRIZE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SONIA M MARTINEZ

Name of Person

CER ENTERPRIZE, LLC

Firm/Company

7801 W COMMERCIAL BLVD

Address

TAMARAC, FL 33351

City/State and Zip Code

CERENTERPRIZE@YAHOO.COM

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

For further information concerning this matter, please call:

ESSIE CHRISTENSEN

Name of Person

at (**954**)

718-6846

Area Code & Daytime Telephone Number

Enclosed is a check for 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
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

FILED
09 JUL 30 AM 10:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CER ENTERPRIZE, 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 01/19/2006 and assigned
Florida document number L06000006640.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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)

7801 W COMMERCIAL BLVD

TAMARAC, FL 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

CER FINANCIAL SERVICES, INC

New Registered Office Address:

7801 W COMMERCIAL BLVD #C

Enter Florida street address

TAMARAC

City

, Florida

33351

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

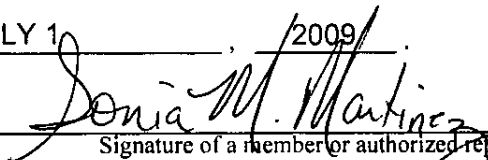
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	SONIA MARTINEZ	PO BOX 25456 TAMARAC, FL 33320	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP	MERCURY DUNCAN	PO BOX 25456 TAMARAC, FL 33320	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ESSIE CHRISTENSEN	PO BOX 25456 TAMARAC, FL 33320	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated JULY 1, 2009



Signature of a member or authorized representative of a member

SONIA M. MARTINEZ

Typed or printed name of signee

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TALLAHASSEE FLORIDA