L07000011094

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SECRETARY OF STATE

TIE D

COVER LETTER

COVEREDITER				
TO: Registration Section Division of Corporations				
SUBJECT: SAVERIO CERRA JR				
(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:				
SAVERIO CERRA JR				
(Name of Person)				
SAVERIO CERRA JR LLC				
(Firm/Company)				
33 BLENHEIM RD				
(Address)				
SHALIMAR, FL 32579				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
SAVERIO CERRA JR at (850) 651 5406 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee Certificate of Status 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

SAVERIO CERRA JR.		
(<u>Name of the Limited L</u> (A F	<u>iability Company as it now appears on our rec</u> lorida Limited Liability Company)	<u>cords.</u>)
The Articles of Organization for this Limited Liab	oility Company were filed on JUN 11, 200	7 and assigned
Florida document number <u>L07000061694</u>	·	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
SAVERIO CERRA JR. LLC		
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Line.		
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Europ Florida	street address)
	(Emer Pioriaa	street address)
	, FI	lorida(Zip Code)
	(0.0)	(-1>
New Registered Agent's Signature, if changing Reg	zistered Agent:	
I hereby accept the appointment as registered a the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch	per and complete performance of my dutie red agent as provided for in Chapter 608, gistered office address, I hereby confirm th	F.S. Or, if this document is the limited liability
	Page 1 of 2	EB 22 PH I

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:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	_		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
-			Add Remove
D. If a	mending any other information, enter cl	hange(s) here: (Attach additional sheets, if necess	sary.)
		_	
Dated _	Ep 19 2028		
Daleu _	_ laverio	mber or authorized representative of a member	20081 SEC TALL
	SAVERIO CERRA JR.	yped or printed name of signee Page 2 of 2	FEB 22 AHASSE
		Filing Fee: \$25.00	PM 4: OF STA