L07000125404

(Re	questor's Name)	
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. (Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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08 JAN 22 AM IO: 55
SECRETARY OF STATE
TALL AHASSEE FLORIDA

AN 10: 55

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: CERA 2 LLC - ADDING MEMBER					
(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:					
Vicki Andrews					
(Name of Person)					
CERA 2 LLC					
(Firm/Compuny)					
(Address)					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
VICKI ANDREWS at 904, 285 - 6551 (Nume of Person) (Area Code & Daystone Telephone Number)					
(Nume of Person) (Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:					
S25.00 Filing Fee & S30.00 Filing Fee & S60.00 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

08 JAN 22 AM IO: 55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CERA GYOUP, LLC	,		
(Name of the Limited Li (A F	iability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liab	ollity Company were filed on 12/18/2007 and assigned		
Florida document number L07000125404			
This amendment is submitted to amend the follow	ring:		
A. If smending name, enter the new name of th	ne limited liability company here:		
The new name must be distinguishable and end with the L.L.C."	the words "Limited Liability Company," the designation "LLC" or the abbreviation		
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the ner caddress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Fluridu street address)		
	(City) , Florida (Zio Code)		
	(City) (Zip Code)		
New Registered Agent's Signature, if changing Reg	ristered Agent:		
I hereby uccept the appointment as registered a			
INO NECLULO COMO COLO COLO COLO COMO COLO COLO CO	agent and agree to act in this capacity. I further agree to comply with		
accept the obligations of my position as register	per and complete performance of my duties, and I am familiar with und		
accept the obligations of my position as register	per and complete performance of my duties, and I am familiar with and tred agent as provided for in Chapter 608, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability		

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

4 to 4

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

Title	Nume	Address	Type of Action
MGR_	Gregory Georgalis	940 Third Street Jacksonville Beach Etorida, 32250	Add Remove
			Add Remove
			Add Remove
* * * * * * * * * * * * * * * * * * *			Add Remove
	•======================================		
	• • • • • • • • • • • • • • • • • • • •		Add Remove
D. If amend	ding any other information, enter c	hange(s) bere: (Attach additional sheets, if necessary.)	
			OB JAN SECRET
			72 72 73 75 75 75 75 75 75 75 75 75 75 75 75 75
	Signature of a me	ember or authorized representative of a member NO PC WS	AMIO: 55
	V ()	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00