## 10800098518

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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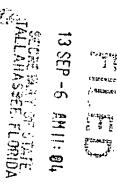
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

Cerno 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:

## Robert J. Chiaradio

Name of Person

Cerno LLC

Firm/Company

11201 122nd Ave. N #201

Addres

Largo, Florida 33778

City/State and Zip Code

rchiaradio@cerno.us

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

For further information concerning this matter, please call:

Robert J. Chiaradio

,407**,247-4442** 

Name of Person

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)

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

· Cerno LLC						
(Name of the Limite	<b>d Liability Compa</b> A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)			
The Articles of Organization for this Limited I Florida document number <u>L0800009851</u>	Liability Company	were filed on October	20, 2008 and a	ssigned		
This amendment is submitted to amend the fol	llowing:					
A. If amending name, enter the new name	of the limited liab	ility company here:				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company," the	designation "LLC" or the	e abbreviation		
Enter new principal offices address, if appli	cable:	11201 122nd Av	e N #201			
(Principal office address MUST BE A STREET ADDRESS)		Largo, Florida 33	778 🐥			
Enter new mailing address, if applicable:		P.O. Box 893	CONTRACTOR -	) Company		
(Mailing address MAY BE A POST OFFICE BOX)		Newport, Tennes	- T			
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter (Be hame			
Name of New Registered Agent:						
New Registered Office Address:	11201 122	2nd Ave. N #201				
		Enter Florida street address				
	Largo		_, Florida <u>33778</u>			
		City	Zip Co	de		

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.

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

MGR = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			<del></del>
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. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Colo, I Chiaradio
	Signature of a member or authorized representative of a member
	Robert J. Chiaradío
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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