## 112000009665

(Re	questor's Name)	
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J. SAULSBERRY EXAMINER

AUG 6 2012

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: A	CERIMAX	, LLC	•
SUBJECT.		ted Liability Company	
	f Amendment and fee(s) are sub		
Please return all corresp	ondence concerning this matter	to the following:	
	CESAR 1	A. HERNANDEZ-C	Panton
		•	
	<i>j</i> )c	TERIMAX, LLC	
		Firm/Company	
	1155 131	Rickell Bay Dilive,	So.te 12/11/11
		Address	
	Min	161EE 27 int	2012 SE
,		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notification)	2012 AUG -3 AN S- 42 RALLAHASSLE, FLORID A
For further information	concerning this matter, please of	call:	OF S
FRANCISCO	J. MANLIATEG	at (305) 496.123  Area Code & Daytime Teleph	RATE TO
Name	of Person	Area Code & Daytime Teleph	none Number
Enclosed is a check for	•		
\$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)
********	LING ADDRESS: tration Section	STREET/COURIER AL Registration Section	DDRESS:
Division of Corporations Division o		Division of Corporations Clifton Building	
		2661 Executive Center Ci	rcle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACERINAX							
(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 Compan Florida document number <u> </u>	y were filed on <u></u> \(\sigma\)	120/2	०।८	and ass	igned		
This amendment is submitted to amend the following:		/					
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	/					
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company,'	' the designation	on "LLC'	or the a	bbreviation		
Enter new principal offices address, if applicable:		•	F Si	2017			
(Principal office address MUST BE A STREET ADDRESS)			CRETARY	AUG 3	The second secon		
Enter new mailing address, if applicable:			TS	3.			
(Mailing address MAY BE A POST OFFICE BOX)			OHIO!	# //** <b>!&gt;&gt;</b>			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		records, ent	ter the	name o	f the new		
Name of New Registered Agent:							
New Registered Office Address:	Enter	Florida street	address	,			
	, Florida						
	City		2	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.

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 **Type of Action Title** Name **Address** FRANCISCO J. MARIATEGNI 1155 BRICKELL BAY DAIR Add MGRM ☐ Remove ☐ Remove ☐ Add Remove  $\square$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) July 25th Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

TRANICISO J. MARIATIEGUI
Typed or printed name of signee