

LR00058315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

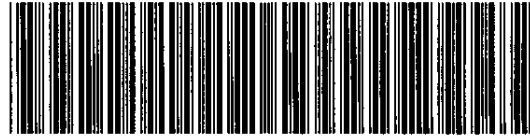
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700261234177

06/16/14--01009--007 \*\*25.00

FILED  
2014 JUN 16 AM 11:07  
STATE OF FLORIDA  
TALLAHASSEE FLORIDA

JUN 17 2014  
D. BRUCE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CERO 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:

**RICARDO MONTALVAN**  
Name of Person  
**CMH ADMINISTRATION**  
Firm/Company  
**3625 NW 82ND AVENUE, SUITE 100-F**  
Address  
**DORAL, FL 33166**  
City/State and Zip Code  
**MONTALVANREALTOR@GMAIL.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**RICARDO MONTALVAN** at **305 439-5049**  
Name of Person Area Code Daytime Telephone Number

FILED  
2014 JUN 16 AM 11:07  
TALLAHASSEE FLORIDA

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



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

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wilfredo R. Cerrato Rodrig	3625 NW 82nd Ave, #100-F, Doral, FL 3	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ana Lucia Cerrato Rodrigu	3625 NW 82nd Ave, #100-F, Doral, FL 3	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED  
 2014 JAN 16 AM 11:08  
 STATE OF FLORIDA  
 TALLAHASSEE

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

---

---

---

---

---

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 6-12-14

X \_\_\_\_\_  
Signature of a member or authorized representative of a member  
Wilfredo R. Cerrato Rodriguez  
\_\_\_\_\_  
Typed or printed name of signer

FILED  
2014 JUN 16 AM 11:08  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA