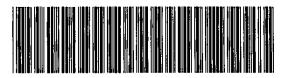
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## **COVER LETTER**

	ion Section of Corporations
NOC SUBJECT:	CERA LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	ARIEL GIGLIO
	Name of Person
	NOCCERA LLC
	Firm/Company
	5481 WILES RD STE 505
	Address
	COCONUT CREEK FL 33073
	City/State and Zip Code
	ariel.giglio@deluxerealty.us
	E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
ARIEL GIGLIO	954 623-7527 at ()
1	Name of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
□ \$25.00 Filing I	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

2016 SEP-8 PH 4. 59

**NOCCERA LLC** 

(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 L Florida document number L14000004046	iability Company were filed of	on 01/08/2014 and assigned				
	owing:					
egistered agent and/or the new registered office address here:						
The new name must be distinguishable and contain the v	name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  new principal offices address, if applicable:  inal office address MUST BE A STREET ADDRESS)  new mailing address, if applicable:  ing address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here:					
Enter new principal offices address, if applie	able:					
(Principal office address MUST BE A STREE	ET ADDRESS)					
	·					
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>					
B. If amending the registered agent and	or registered office addre	ess on our records, enter the name of the new				
registered agent and/or the new registered o	ffice address here:					
	ARIEL GIGLIO					
Name of New Registered Agent:	ARIEL GIOLIO					
New Registered Office Address:	5481 WILES RD STE 505					
	Enter Florida street address					
	COCONUT CREEK	, Florida 33073				
	City	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 605, 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA ROSARIO SCALZO	5481 WILES RD STE 505	
		COCONUT CREEK FL 33073	_ ■ Remove
			□ Change
MGR	MARIA F KACZMARZIK	5481 WILES RD STE 505	
		COCONUT CREEK FL 33073	■ Remove
			□ Change
MGR	PATRICIO L KACZMARZIK	5481 WILES RD STE 505	
		COCONUT CREEK FL 33073	■ Remove
			Change
MGR	SHARP MANAGEMENT GROUP	5481 WILES RD STE 505	
		COCONUT CREEK FL 33073	Pemove
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Filing Fee: \$25.00