L16 0000 26068

(R	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only





400423778004

02/23/24--01014--017 **25.00

0024 FEB 23 PM 4: 04

FILED
2024 FEB 23 PM 4: 0

COVER LETTER

10: Registration Section Division of Corporations	• :
SUBJECT:	erapiel, LLC
	Name of Limited Liability Company
The enclosed Articles of Amendment and I	ee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
	Chris Dioz
Division of Corporations UBJECT: CCTOPIC JLC Name of Limbed Liability Company he enclosed Articles of Amendment and feets) are submitted for filing. lease return all correspondence concerning this matter to the following: Chris Dioz Name of Person Cerapiel, JLC Firms Company 1524 N Dolemator Address Tampa FT 33618 City/state and Zip Code Cerapiel Zolo Cerapiel Femail address: to be used for future annual report notification or further information concerning this matter, please call: Chris Dioz Area Code Daytime Telephone Number Tampa Fee & Certificate of Status Certified Copy (radditional copy is enclosed) Mailling Address: Street Address:	
	Cerapiel, LIC
The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Chris Dibz Name of Person Cera piel, LiC Firmet company 1574 N Dalemaboro Address Tampa, Ft. 33618 City/state and Zip Code Cerap iel Zoolo C Cymol Com E-mail address: to be used for future annual report notification For further information concerning this matter, please call: Chris Dibz Name of Person Cerap iel Zoolo C Cymol Com E-mail address: to be used for future annual report notification For further information concerning this matter, please call: Chris Dibz Cerap iel Zoolo C Cymol Com E-mail address: to be used for future annual report notification Doyline Telephone Number Street Address: Street Address: Street Address:	
·	
	Jampa, tr 33618
	City/State and Zip Code CEYCLOUG ZOMA OF CLYSSOL COM
E-r	nail address: (to be used for future annual report notification)
Chris Die Name of Person	
	of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Cerabi	El, LLC
	impany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document numberL\6000\7606	vany were filed on $\frac{2/8/2016}{8}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	EB 23 PH 4: 04
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name of the new registered
Name of New Registered Agent:	hris Daz
New Registered Office Address: Z	51 174 th ST ST 1916 Enter Floridu street address
Su	Unny Isles, Florida 33610
New Registered Agent's Signature, if changing Registered Ag	

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>	Name	Address	Type of Action
MBR.		5 30 N BOUND ST ST	Radd
OWR -	LLC	Sheridan, WY829	<u> CH</u> Remove
			□Change
AMBR	KICFER DIAZ	251 174th ST # 1916	<u>></u> □Add
		Sunny Isles, FL 33610	Remove
		33610	□Change
·			□Add
•			□Remove
			□Change
			□Add
			□Remove
			□ Change
***************************************			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

_	
_	
-	
_	
_	
_	
_	
-	
-	
_	
_	
-	
_	
_	
_	
_	
n effe <u>ste:</u>	ve date, if other than the date of filing:
ecore	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ted .	February 19th 2024
	Signature of a member or authorized representative of a member