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2021 SEP 28 PM I2: 48
SECRETARY OF STATE
FALLAHASSEE, FILE

COVER LETTER

TO: Registration Sec	, · ction		
Division of Corp			
CERU LLC		•	_
SUBJECT:	Name of Limi	ted I iability Company	
and the state of the second	Amendment and fee(s) are subs	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	RENZO BOSONI, ESQ.		
		Name of Person	 -
	FIRST LEGAL PA		
		Firm/Company	
	1930 HARRISON ST STE	209	
		Address	
	HOLLYWOOD, FL 33020		
		City/State and Zip Code	. <u>. </u>
	rbosoni@firstlegalpa.com	,	
	E-mail address: (to be used for future annual report notific	cation)
	oncerning this matter, please co	 954 998-1488	
Renzo Bosoni		at ()	Felephone Number
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for il	he 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 Addre Registration	Section	Street Address: Registration Sect Division of Corp	tion porations
Division of C		The Centre of Ta	illahassee
P.O. Box 632 Tallahassee.		2415 N. Monroe Tallahassee, FL	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 SEP 28 PM 12: 48

SECRETARY OF STATE

CERU 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 Liability Company were filed on 09-08-21 and assigned Florida document number _____ 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 Liability Company," the designation "LLC" or the abbreviation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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
MGR	GAYLE-SCHNELL, CECILIA	1051 NW 167TH AVE	\(\sum_\) Add
		PEMBROKE PINES, FL 33028	···
		1051 NW 167FH AVE	
		1051 KW 1071 (1784).	Change
MGR	GAYE-SCHNELL, CECILIA	PEMBROKE PINES, FL 33028	% Add
			Remove
			□Change
			TIAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change
		□Remove	

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Signature of a member or authorized representative of a member	Dated	Pm/	· •		
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I/I , \checkmark , $\supset C_0 V_{I} \cup C_0$		D. G. Sc.	mel		

Filing Fee: \$25.00