

L220000297561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

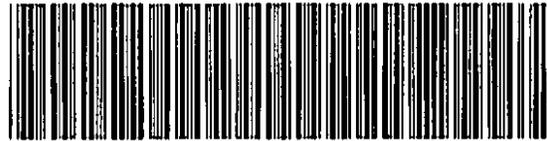
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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22 AUG -8 AM 9:05
DIVISION OF CORPORATION
STATE OF CALIFORNIA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CERUS STAFFING AGENCY, 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:

JASON BUNCE

Name of Person
CERUS STAFFING AGENCY, LLC

Firm/Company
5325 NW 80TH AVE

Address
GAINESVILLE, FL 32653

City/State and Zip Code
JASON@CERUS-STAFFING.COM

E-mail address: (to be used for future annual report notification)

22 AUG - 8 AM 9: 05
STATE DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

JASON BUNCE at () 352 283-3347

Name of Person Area Code Daytime Telephone Number

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Semper Primus Enterprises, LLC	30 N.GOULD ST. STERSHERIDAN, WY 82801	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	JASON BUNCE	5325 NW 80TH AVE GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 AUG 18 AM 9:05
DIVISION OF CORPORATION
STATE OF FLORIDA

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

Multiple horizontal lines for amending information.

STATE DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
22 AUG -8 AM 9:05

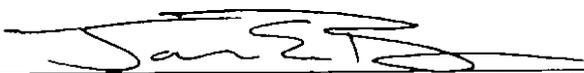
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 5th 2022


Signature of a member or authorized representative of a member

JASON BUNCE
Typed or printed name of signee