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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Cernera Team Inc			
DOCUMENT NUMI				
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Barbara Cemera			
		Name of Contact Person	n	
	Cernera Team Inc			
		Firm/ Company		
	11468 SW 69th Circle			
		Address		
	Ocala, FL 34476			
		City/ State and Zip Cod	<u> </u>	
For further information Barbara Cemera	E-mail address: (to be us			
	of Contact Person	at (³⁵²) 812-0626 de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

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O	of 'Commonweal's 'Commonweal's 'Commonweal's 'Commonweal's 'Commonweal's 'Commonweal's 'Commonweal's 'Commonwe
Cernera Team Inc	• ,
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P14000035151	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	11468 SW 69th Circle
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34476
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11468 SW 69th Circle
	Ocala FL 34476
D. If amending the registered agent and/or registered office ad	dress in Florida, enter the name of the
new registered agent and/or the new registered office addre	ess:
Name of New Registered Agent	
(Florida :	street address)
New Registered Office Address:	, Florida
New Registered Office Hunress.	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ages I hereby accept the appointment as registered agent. I am familia	<u>nt:</u> r with and accept the obligations of the position.
racico, accepi ine appointment do regimerea agent. I am jumma	
Signature of New	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title;

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V-and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT Joh	n Doc	
X Remove	<u>V</u> <u>Mik</u>	ze Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	Thomas Cemera	11468 SW 69th Circle
Add			Ocala, FL 34476
X Remove			
2) Change	VP	Kristopher Cemera	11468 SW 69th Circle
$\frac{X}{Add}$			Ocala, FL 34476
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Add			
Kemove			
6) Change			
Add			
Remove			

amending or adding additional Artitiach additional sheets, if necessary).	(Be specific)				
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an amendment provides for an excl	hanaa raalassifiss	ition or concells	ition of issued	chares.	
provisions for implementing the ame	endment if not cor	tained in the an	rendment itsel	<u>f:</u>	
(if not applicable, indicate N/A)					
		<u></u>		 -	
					
					_

July 1, 2017	, if other than the
The date of each amendment(s) adoption:date this document was signed.	. If other than the
Effective date if applicable:	
Effective date if applicable: (no more than 90 days after amendm	ent file date)
Note: If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes eas by the shareholders was/were sufficient for approval.	t for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. must be separately provided for each voting group entitled to vote separately on th	
"The number of votes cast for the amendment(s) was/were sufficient for appro	val
by	'"
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action was not required.	action and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareholder action was not required.	n and shareholder .
07/10/2017 Dated	
Signature Sechus Cresces	
(By a director, president or other officer – if directors or o selected, by an incorporator – if in the hands of a receiver, appointed fiduciary by that fiduciary)	
Barbara Cernera	
(Typed or printed name of person signif	ng)
President	
(Title of person signing)	