

LD9000122405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

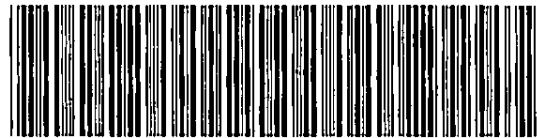
(Business Entity Name)

(Document Number)

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JAN 02 2019

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2019 JAN -2 PM 3:19
SEP 01 2018 1:10 PM
JAN 02 2019

Handwritten signature

JAN 12 2019

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEM POWER 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:

Brett Emes

Name of Person

SEM POWER LLC

Firm/Company

4466 Eagle Falls Pl

Address

Tampa, FL 33619

City/State and Zip Code

brett@sempower.net

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

For further information concerning this matter, please call:

Brett Emes

813 477-8486
at ()

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEM POWER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 JAN -2 PM 3:19
SECRET
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/28/2009 and assigned
Florida document number 1.09000122405.

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 "L.L.C."

Enter new principal offices address, if applicable:

4466 Eagle Fall Pl

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33619

Enter new mailing address, if applicable:

4466 Eagle Falls Pl

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, FL 33619

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

City

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	James Helms	4466 Eagle Falls Pl	<input checked="" type="checkbox"/> Add
		Tampa, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Deana Wise-Emes	4466 Eagle Falls Pl	<input checked="" type="checkbox"/> Add
		Tampa, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: 12/28/2018 (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 December 28th, 2018

Dr. A. B. B. B.

Signature of a member or authorized representative of a member

Brett Ems

Typed or printed name of signee