L09000122405

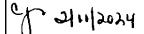
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COVER LETTER

Division of Corp	orations			
SEM Power SUBJECT:				
SUBJECT:	Name of Lim	ited Liability Company	·	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return all correspon-	dence concerning this matter	to the following:		
	Brett L Emes			
		Name of Person	<u> </u>	
	SEM Power LLC			
	-	Firm/Company		
	4466 Eagle Falls Pl			
		Address		
	Tampa FL 33619			
		City/State and Zip Code		
	Deana@sempower.com			
	E-mail address: (to be used for future annual	report notification)
For further information con	ncerning this matter, please co	all:		
Brett Emes		813 47	7-8486	
Name of I	Person	at () Area Code	Daytime Telep	hone Number
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	:	Street A	ddres <u>s:</u>	

TO: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 2011 30 7/1 8: 27 SEM POWER 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 12/28/2009 and assigned Florida document number L09000122405 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.

City

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>	Address	Type of Action
MHR	Deana Wise Emes	4466 Eagle Falls Pl	
		Tampa FL 336119	Remove
			□Change
			🗀 Add
			□Remove
			□Change
	<u>.</u>		□Add
			□Remove
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ffective date, if other than the an effective date is listed, the date mus tote: If the date inserted in this blocument's effective date on the D	st be specific and cannot be p ock does not meet the ap	plicable statutory filing	(optional) ore than 90 days after filing.) Pu g requirements, this date wil	rsuant to 605.0207 I not be listed as t
record specifies a delayed effectived is filed.	e date, but not an effective	/e time, at 12:01 a.m. (on the earlier of: (b) The 90	0th day after the
	2024			
January 15 Dated	·			
Dated January 15	· — · —			
Dated January 15	Signature of a member or	uthorized representative	of a member	

Filing Fee: \$25.00