

(Re	questor's Name)	
(Ad	dress)	
(ĀĀ)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nan	ne)
(Do	cument Number)	
ertified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
		:
		,

G. MCLEOD Grice Use Only

JAN 26 2011

EXAMINER



400186829514

10/25/10--01038--019 **25.00

G94

11 JAN 25 PH 1:57

COVER LETTER

-		••			*
то:	Registration Section Division of Corpo	on rations	•		7
	Division of corp.				
SUBJ	ЕСТ:	SEM	I DEV, LLC		
	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ted Liability Company		
			, `		
The er	nclosed Articles of Ar	nendment and fee(s) are sub	emitted for filing.		
Please	e return all correspond	ence concerning this matter	to the following:		
		N	icole DeHerrera, Esq.		
			Name of Person		
		The	e Bates Law Firm, LL0	С	
			Firm/Company		
		2861 W	est 120th Avenue, Sui	ite 240	
			Address		
		w	estminster, CO 80234	1	
			City/State and Zip Code		· · · ·
	: ,	nic	cole@bateslawpc.com	1	
			•	ort notification)	
For fu	rther information con	cerning this matter, please c	all:	•	
	Nicole Do	eHerrera, Esq.	at (303)	301.7184	
	Name of P			Daytime Telephone Nu	mber
Enclos	sed is a check for the	following amount:			
₹] \$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certinclosed) Cert	Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
		G ADDRESS:	STREET/C	COURIER ADDRES	S:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SEM DEV, LLC				
(Name of the Lin	mited Liability Company as it now apports (A Florida Limited Liability Company)	ears on our records.)			
The Articles of Organization for this Limit	ted Liability Company were filed on _	March 30, 2010	and assigned		
Florida document number L1000	0034411				
This amendment is submitted to amend the	e following:				
A. If amending name, enter the new na	me of the limited liability company h	ere:			
The new name must be distinguishable and er "L.L.C."	nd with the words "Limited Liability Com	ipany," the designation "LL	.C" or the abbreviatio		
Enter new principal offices address, if a	pplicable:				
(Principal office address MUST BE A ST	TREET ADDRESS)		⊷t		
		Ţ			
•		r :			
Enter new mailing address, if applicable	p.). C	2		
		ل ب			
(Mailing address MAY BE A POST OFF	<u> </u>				
			CO Transit		
D. If amounting the registered agent	and/or registered office address or	ann vocanda antau E	S of the sec		
B. If amending the registered agent registered agent and/or the new register	and/or registered office address of red office address here:	our records, enter th	e name of the nev		
Name of New Registered Agent:					
New Registered Office Address:					
	i	Enter Florida street address			
		, Florida			
	City		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> <u>Address</u> **MGRM** CAB Consulting, LLC ✓ Add

Remove 2861 W. 120th Ave. Suite 240 Westminster, CO 80234 Inland Pacific Lager, LLC MGRM 2861 W. 120th Ave., Suite 250 ✓ Add Westminster, CO 80234 ☐ Remove ___ Add Remove Add Remove ___Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ of authorized representative of a member Nicole DeHerrera, Esq. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00