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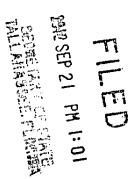
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J. BRYAN

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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Semtech 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:
Please return all correspondence concerning this matter to the following: Laverne Thomas Name of Person Semtech LLC
Firm/Company
16900 Reservation Rd Address
Okeechobee FL 34974 City/State and Zip Code
Semtech sales @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Laverne Thomas at (863) 623-6600 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\ \text{Solution}\$\$\$ \$55.00 Filing Fee & \$\ \text{Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed) \$\$\$ 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

Semtech, L	LC
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L120000893</u> 81	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
The new name must be distinguishable and end with the words "Li".L.C."	mited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	世界を加
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	20
registered agent and/or the new registered office address h	
	ason Thomas
	Enter Florida street address
_Oke	City, Florida 34974 Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:
I hereby accept the appointment as registered agent and a	gree to act in this capacity. I further agree to comply with

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

Page 1 of 2

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** Title Name Address MGR Jason Thomas 16900 Reservation Rd OKERCHOLER FL 34974 Remove 16900 Reservation Rd OKECHOBER FL 349 ☐ Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary Dated _ Signature of a member or authorized representative of a member Typed or printed name of signee lhomas.

Page 2 of 2

Filing Fee: \$25.00