Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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2/26/2016

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COVER LETTER

	Registration Sec Division of Corp							
SUBJEC	2400 SEMI	LLC						
SOBJEC		Name of Lim	lited Liability Company	**************************************				
The encl	osed Articles of /	Amendment and fee(s) are sub	mitted for filing:					
Please re	turn all correspor	ndence concerning this matter	to the following:					
		GONZALO SANABRIA						
			Name of Person					
			Firm/Company					
		944 SAN PEDRO AVE	·					
		Address						
		CORAL GABLES, FL 33		· 				
		yudeisymel@gmail.com	City/State and Zip Code					
		E-mail address: (to be used for future annual report notifi	cation)				
For furth	er information co	ncerning this matter; please ca	ali:					
GONZA	LO SANABRIA		305 785-4239					
	Name. of	Person	Area Code Daytime	Telephone Number				
Enclosed	is a check for the	following amount:						
\$25.0	10 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

2400 SEMILLC		
(Name of the Limited Liability Comnan (A Plorida Limited L.	iv as it now appears of inhibity Company)	gur records.)
The Articles of Organization for this Limited Liability Company of Florida document number L16000036053	were filed on 02-22	-2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		, and the second
Enter time made and the second second second		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida	street address
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	CBy	zip coae
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change. If Change 1	performance of my rovided for in Cha address, I hereby o ging Registered Agent	duties, and Lam familiar with and pter 605, F.S. Or, if this document is
		9

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>	Name	Address	Type of Action
MGR	ALBERTO F. TAVEL	2651 SW 96 AVE	□ Add
·		MIAMI, FL 33165	■ Remove
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			CJ Add
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