| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
|   |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| , , ,                                   |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
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Office Use Only



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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp |   |   |   |
|--|---|---|---|
| SUBJECT: _Se                             | Mill Real Name of Lim                           | EState U  | C   |
| The enclosed Articles of /               | Amendment and fee(s) are sub-                   | mitted for filing.  |   |
| Please return all correspor              | ndence concerning this matter                   | to the following:   |   |
|  | Sem   | Sines<br>Name of Person   | )   |
|  | <u>Sem</u>                                      | Real ESta   | te LLC  |
|  | 7302 W  | Mary Glenn de   |   |
|  |   | FL 33604<br>City/State and Zip Code                                       |   |
|  | E-mail address: (i                              | o be used for future annual report notifi                                 | cation)   |
| For further information ec               | oncerning this matter, please ca                | ill:  |   |
| Sen'i Name of                            | Person  | at ( <u>U07</u> ) <u>U96 -</u><br>Area Code) <u>Daytime</u>               | Z12U Telephone Number   |
| Enclosed is a check for the              | e following amount:                             |   |   |
| S \$25.00 Filing Fee                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Semil Real Estate LLC

| (Name of the Limited Liability Company as it<br>(A Florida Limited Liability   | now appears on our records.)<br>Company)                  |
|--|---|
| The Articles of Organization for this Limited Liability Company were f Florida document number <u>L 1800092984</u> .           |   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limited liability co  | mpany here:   |
| The new name must be distinguishable and contain the words "Limited Liability Com  | pany," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |
| (Principal office address MUST BE A STREET ADDRESS)  | 18 SE SE  |
| Enter new mailing address, if applicable:  | 19 CSS  |
| (Mailing address MAY BE A POST OFFICE BOX)   | M 12: 2   |
| B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here: | ddress on our records, enter the name of the              |
| Name of New Registered Agent:  | <del></del>   |
| New Registered Office Address:   | Enter Florida street address                              |
|  | , Florida   |

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

Zip Code

| If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person | being a | <u>dded</u> |
|--|---------|-------------|
| or removed from our records:   |         |             |

MGR = Manager AMBR = Authorized Member **Type of Action** Title Address Name MGR Semil Sinces 2302 w Mary Glenn dr Bridd ANBR Jampa, FL 33604 Rema □ Change ☐ Remove □ Change ☐ Remove \_□ Change □ Add ☐ Remove \_\_ 🗆 Change □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Filing Fee: \$25.00