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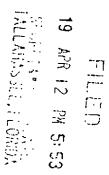




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APR 1 8 2019 S. YOUNG



COVER LETTER

	ision of Corp		۲۰.	
SUBJECT:	SEM Holdin		b-	
SCHARCT,			ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please returr	ı all correspor	ndence concerning this matter	to the following:	
		Steven Myers		
			Name of Person	
		SEM Holdings L.L.C.		
		-	Firm/Company	
		403 Nuestra Place		
			Address	
		Groveland, Fl 34736		
		10.1	City/State and Zip Code	
		myersrph@yahoo.com	to be used for future annual report notif	(Cention)
For further is	nformation co	neerning this matter, please ea		
Steven Mye			352 435-5502 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

SEM Holdings LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on ou orida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 11/5/2018	and assigned
lorida document number L18000258924		
his amendment is submitted to amend the following	ŗ.	
. If amending name, enter the new name of the	limited liability company here:	
8/A		
he new name must be distinguishable and contain the words."	Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	N/A	.
Principal office address MUST BE A STREET AL	DRESS)	7-11-9
		1000 万
		2 5
nter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		(c): vi
		<u> </u>
3. If amending the registered agent and/or re egistered agent and/or the new registered office a	egistered office address on our oddress here:	records, <u>enter the pame of the</u>
Name of New Registered Agent: NA	A	
New Registered Office Address:		
	Enter Florida stre	et 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 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

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>	<u>Address</u>	Type of Action
MGR	Eiko O Myers	403 Nuestra Place, Groveland Fl 34736	
			■ Remove
			Change
MGR	Steven Myers	403 Nuestra place, Groveland Fl 34736	■ Add
			Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			☐ Change
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			Change

				
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effective date is listed te: If the date inser	ter than the date of filing:	the applicable statutory f		
	s a delayed effective date ter the record is filed.	, but not an effectiv	e time, at 12:01 a.m. o	n the earlier o
ed April, 7	Q A = 20	119		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00