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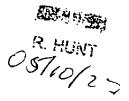
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COVER LETTER

	Registration Se Division of Cor				
SUBJEC	SEMBOA	LLC			
JODJEC		Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		QUAZI RAHMAN			
			Name of Person		
		SEMBOAT LLC			ري دي دي
			Firm/Company	- :	- -
		1730 4TH STREET SOU	TH UNIT B	:	
			Address	TY SETA	PH 0
ST PETERSBURG, FL 33701					10 PH 3: 10
			City/State and Zip Code		0
		E-mail address: (to be used for future annual report notif	ication)	
or furth	er information c	oncerning this matter, please o	all:		
QAZI R	AHMAN		727 688-08 7 5		
	Name of	f Person		Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.00 Filing Fee & Certificate of Status		□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is er	itus &
	MAILI	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	

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

SEMBOAT LLC	<u></u>		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)	
	y were filed on	<u> </u>	and assigned
04/10/2010			
the Articles of Organization for this Limited Liability Company were filed on lorida document number L19000107416 this amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." onter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the epistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:			
ida document number L19000107416 amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: are new principal offices address, if applicable: Incipal office address MUST BE A STREET ADDRESS) are new mailing address, if applicable: If amending the registered agent and/or registered office address on our records, enter the name of the name of New Registered Agent: Name of New Registered Agent:			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	· <u></u>
Principal office address MUST BE A STREET ADDRESS)			[2]
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Inter new mailing address, if applicable:	_	,÷;	
Mailing address MAY BE A POST OFFICE BOX)		1~.	
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		in in	0
 If amending the registered agent and/or registered o egistered agent and/or the new registered office address her 	office address on our re <u>re</u> :	cords, <u>enter the</u>	name of the r
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street e	address	·
		_, Florida	
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

CEMBOALLIC

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>	Address	Type of Action
VP	DERAR AHMED	6485 CEDARBROOK DR, PINELLAS PARK FL 33782	Add
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an effecti	date, if oth	i, the date i	nust be spe	cific and	cannot be	prior to da	te of filing o	r more than 9	O days afte	ional) r filing.) P	ursuant	to 605.020
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			Signan	re of a m	nember or	authorized	representat	ive of a mem	ber			_
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Filing Fee: \$25.00