## L2000036048

(Re	equestor's Name)	<u> </u>
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

DIAE	sion of Corp	porations				
	Semaj Cons	ultants, LLC				
SUBJECT:		Name of Lim	ited Liability Company	<del></del>		
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		James Turner				
			Name of Person			
		Semaj Consultants, LLC				
			Firm/Company		——————————————————————————————————————	
		1150 NW 72nd Ave, Towe	er I, Ste 455 #2564			17 PH 1:18
			Address			
		Miami, FL 33126				
			City/State and Zip Code		287 5	
		info@semajconsultants.com			- 注: - <b>23</b> - 注: - <b>7</b> 1	=37777
			to be used for future annual report notification)			. Property
For further in	formation co	oncerning this matter, please co	ail:		17	jrina. L
James Turner	г		703 400-5807		F¥ F¥	17
	Name of	Person	Area Code Daytime Telepho	one Number		
Enclosed is a	check for the	e following amount:				
□ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & ≡ Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate C Certified Co (additional cop	of Status & opy	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

**Registration Section** 

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<del></del>	
(A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company  Florida document number L20000360481	were filed on November 13, 2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:	1150 NW 72nd Ave, Tower I, Ste 455 #2564		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL, 33126		
Enter new mailing address, if applicable:	1150 NW 72nd Ave, Tower I, Ste 455 #2	564	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL, 33126		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	aum ess on our recorus, enter the name	of the new register	
Name Designation of Office Addresses			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	, Florida		
	, Florida City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	·	Zip Code	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	City ee to act in this capacity. I further agr performance of my duties, and I am fo provided for in Chapter 605, F.S. Or,	ee to comply with ti imiliar with and if this document is	
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agroup provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public to merely reflect a change in the registered office company has been notified in writing of this change.	City ee to act in this capacity. I further agr performance of my duties, and I am fo provided for in Chapter 605, F.S. Or,	ee to comply with the sumiliar with and if this document is ited liability	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	City ee to act in this capacity. I further agr performance of my duties, and I am fo provided for in Chapter 605, F.S. Or,	ee to comply with the miliar with and If this document is	

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	<b>Type of Action</b>
AMBR	James Coleman	3901 NW 79th Ave, Suite 245	□Add
		Miami, FL, 33166	≅Remove
			Change
			[ Add
			□Remove
			☐ Change
			□Remove
			— ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			Remove
			□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
			□ Add
			□Remove
			Change
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Note: I	f the date inserted in this block does nt's effective date on the Departmen	fic and cannot be prior to date of filing or more that not meet the applicable statutory filing requit of State's records.	irements, this date will not	t be listed as
	- ·	ut not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th of	lay after the
If the record record is file	_			
record is file	Pebruary 10	2023		<u></u>
record is file			51  1	2923 (
record is file	February 10	2023  Anls Turbly  To of a member or authorized representative of a m	ember	2023 FEB
record is file	February 10	anes Turner	ember	2023 FEB 17

Filing Fee: \$25.00