## L 22000329001

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	#)
_	_	
☐ PICK-UP	WAIT	MAIL
(8u	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Eiling Officer	
Special instructions to	r illing Officer.	

Office Use Only



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## **COVER LETTER**

	ision of Cor					
CUDICZT.	Semidirace	i LLC				
SUBJECT:Name of Limited Liability Company						
The contract	l Aminhos of	Amendment and fee(s) are sub	smitted for tiling			
Please return	all correspo	ndence concerning this matter	to the following:			
		Holly A Jackson				
			Name of Person		-	
		Kuiper Kraemer PC			Ξ.	2022
	Firm/Company			- - -	<del>X</del> Ue	
180 Monroe Ave NW Suite 400			4389BN 773	2022 AUG -8 AM 10: 36		
	Address			· 9.	<u> </u>	
	Grand Rapids MI 49503					
			City/State and Zip Code			36
		jackson@k2legal.com	(to be used for future annual rep	net not (Carlion)		
Dan Calaasia	. C	oncerning this matter, please o		off notification)		
		oncerning inis matter, piease c		700		
Holly A Jack	Holly A Jackson 616 454-3700 at ()		700 Daytime Telephone Numbe			
	Name o	f Person	Area Code	Daytime Telephone Numbe	r	
Enclosed is a	check for th	ne following amount:				
<b>≘</b> \$25.00 E	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifier ed) Certifier	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres		Street Addr Rooistratie			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Semidtruces LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our record Limited Liability Company)	7)
The Articles of Organization for this Limited Liability C	Company were filed on 7/25/2022	and assigned
Florida document number L22000329001	<u>_</u> .	
This amendment is submitted to amend the following:		2022 AUG
A. If amending name, enter the new name of the limi	ited liability company here:	AUC
SchmidtRucci LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreyiation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u> </u>	<u></u> <u>ω</u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
N 10 11 11 11 11 11 11 11 11 11 11 11 11	duffer address on our regards enter	the name of the new registered
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	3
	, Flo	orida
	Cuy	night 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>	Address	Type of Action
			□Add
			□Remove
			Change 2022  Remove  AH
			DCAdd
			□Remove
			☐Change
			□Remove
			□Change
			□Add
<del></del>			<b>5</b>
			T) Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated August 1 2022 ignature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee

Holly A Jackson