L23000204889

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WALK IN

	CERTIFIED COPY		
X	РНОТОСОРУ		
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Con	rporations			
Semoj 19 I	.LC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Hardik Patel		
		Name of Person		
		Semoj 19 LLC		
		Firm/Company		
12210 SW ARCHER RD				
		Address		
	Α	ARCHER FL 32618		
		City/State and Zip Code		
	E-mail address: (to be used for future annual repo	rt notification)	
For further information c	oncerning this matter, please ca	all:		
Hardik Patel		917 365046		
Name o	f Person	Area Code D	aytime Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Addre		
Registration S Division of C		Registration of	n Section Corporations	
P.O. Box 632	-		of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2023 AUG 29 AM 10: 27 Semoj 19 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) HARY OF STATE TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on 04-25-2023 and assigned Florida document number _____L23000204889 This amendment is submitted to amend the following: A. 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 "L.L.C." 2000 FL-16 Enter new principal offices address, if applicable: **GREEN COVE SPRINGS** (Principal office address MUST BE A STREET ADDRESS) FL 32043 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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>	Name	<u>Address</u>	Type of Action
			□Remove
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			DAdd
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ffective date, if other than the date of an effective date is listed, the date must be speore: If the date inserted in this block do becument's effective date on the Departm	es not meet the appli	cable statutory filit	ore than 90 days at	o tional) fter filing.) Pu this date wil	rsuant to 605.020 I not be listed a
record specifies a delayed effective date, Lis filed.	but not an effective	time, at 12:01 a.m.	on the earlier of:	(b) The 9	0th day after th
ated August 28	2023 JAN ure of a member or auth	<u>H</u>			
			of a mambar		

Filing Fee: \$25.00