

Help

COVER LETTER

TO:	Registration Section	
	Division of Corporations	ţ

SUBJECT: SEMEJAL INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE A ANDRADE

Name of Person

SEMEJAL INVESTMENTS LLC

Firm/Company

15042 WILLOW ARBOR CIR

Address

ORLANDO, FL 32824

City/State and Zip Code

SEMEJALINVESTMENTS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE ANDRADE

Name of Person

at (<u>407</u>) <u>973-7014</u> Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

S25.00 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 50:1 .. Star Ru2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEMEJAL INVESTMENTS LLC (Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our recorded Liability Company)	(ds.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L24000077622</u> .	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u> N/A	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	27 27
(Principal office address MUST BE A STREET ADDRESS	2	<u>;</u>
		ر
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		······································
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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:	N/A	
New Registered Office Address:	Enter Florida st	reet addross
	Ciŋ [.]	, Florida 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

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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	Address	Type of Action
MGR	S <u>EBASTIAN HERNANDEZ-PEÑ</u> A	15042 WILLOW ARBOR CIR	🗆 Add
		ORLANDO, FL 32824	ØRemove
			□Change
MGR	MARICELA PEÑA MALDONADO	15042 WILLOW ARBOR CIR	🗆 Add
		ORLANDO, FL 32824	(X) Remove
			Change
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			🗆 Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective dat (If an effective d	te, if other than the date of late is listed, the date must be speci	filing:	ng or more than 90 days after	onal) filing.) Pursuant to 605.020)7 (3) (b)	
Note: if the c	date inserted in this block does ffective date on the Department	not meet the applicable statuto	ry filing requirements, this	s date will not be listed a	is the	
document 5 c	neeuve une on me Departmen	n or state s records.				
If the record speci	fies a delayed effective date h	ut not an effective time, at 12:0	I a m on the earlier of th) The Official and a flar the		
record is filed.	inci a delayed circenve dale, b	er bor an onocure unic, at 12.0	r a.m. on the carner of. (0		-	
Dated	APRIL 12					
		Aland				
	Signature	e of a member or authorized repress	entative of a member	<u> </u>		
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JOSE ALEJANDRO ANDRADE

Typed or printed name of signee