

L17000243797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

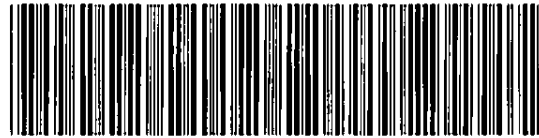
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/05/17--01015--009 \*\*25.00

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17 DEC 26 PM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 27 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2017

JAMES CUBILLOS  
2817 NE 32ND ST #107  
FORT LAUDERDALE, FL 33306

SUBJECT: SEMAJ REALTY LLC  
Ref. Number: L17000243797

We have received your document for SEMAJ REALTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijoux  
Regulatory Specialist

Letter Number: 017A00024743

2017 DEC 26 PM 2:53

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Semaj Realty LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Cubillos  
Name of Person

Semaj Realty LLC  
Firm/Company

2817 NE 32nd ST #107  
Address

Fort lauderdale, FL 33306  
City/State and Zip Code

Jcubillos12@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Cubillos at (954) 895-9737  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

~~Enclosed~~ is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/1/17 and assigned Florida document number L17000243797

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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TALLAHASSEE, FLORIDA

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

\_\_\_\_\_, Florida

City

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

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

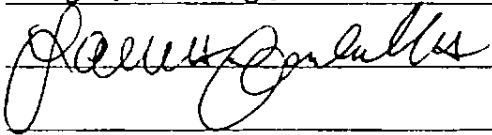
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	James Cobillos	2017 NE 32nd ST # 107	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33306	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 TAX COLLECTOR  
 TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I just need to be able to open a bank account.  
I appreciate the phone call and the correct documents via mail. If I filled this out wrong just please fix it, all I need is to open a business account with Bank of America.  
Thanks

James Cubillos  


17 DEC 26 PM 12:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA


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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 12/21/17

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
James Cubillos  
\_\_\_\_\_  
Typed or printed name of signee