120000169032

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AUG 1 9 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Divis	ion of Corp	porations			
		PHERE LLC			
SUBJECT: _		Name of Lin	nited Liability Company		
The enclosed.	Articles of a	Amendment and fee(s) are sub	omitted for filing.		
Please return a	ill correspoi	ndence concerning this matter	to the following:		
	·				
		RALIP HERNANDEZ			
			Name of Person	·	
			Firm/Company		
		1840 W 49TH ST SUITE	308		
			Address		
		HIALEAH FL 33012			
			City/State and Zip Code		
		ralip@raliphernandezlaw.co			
		E-mail address: (to be used for future annual i	report notification	1)
For further info	ormation co	ncerning this matter, please c	all:		
RALIP HERN	ANDEZ			-5865	
	Name of	Person	Area Code	Daytime Telep	phone Number
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fit	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		_			
Regi Divis P.O.	ng Address stration Sesion of Co Box 6327 ahassee, F	ection orporations	Divisior The Cer 2415 N.	ttion Section of Corporat tre of Tallah	assee eet, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			2020	
2D HEMISPHERE LLC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears of Limited Liability Company)	on our records.)	1	
The Articles of Organization for this Limited Liability Co.	mpany were filed on $\frac{06/18}{}$	/2020 ———————	and assigned	
Florida document number 1.20000169032	±•		<u>.</u>	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here	:		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	gnation "L.I.C" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	(2.2.2)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		<u>.</u>		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	ords, <u>enter the na</u>	me of the new register	
agent and/or the new registered writer address nere.				
N				
Name of New Registered Agent:	<u> </u>			
New Registered Office Address:				
	Enter Flori.!a	street address		
		Florida		
	City	, Fiorida _	Zip Code	
New Registered Agent's Signature, if changing Registered A	Avent:			
			_	
I hereby accept the appointment as registered agent an			• •	
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age				
being filed to merely reflect a change in the registered				

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
· MGR	JESUS MIGUEL REYES	8520 NW 139 TERRACE UNIT 1610	□Add
		MIAMI LAKES FL 33016	≅Remove
			□Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
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n effective d (te: If the c	e, if other than the date is listed, the date must be ate inserted in this blockfective date on the Department	ate of filing: _ e specific and can k does not meet	the applicable:	e of filing or more statutory filing i	than 90 days aft	tional) er filing.) Pursua nis date will ne	unt to 605.0207 of be listed as
ecord speci is filed.	ies a delayed effective d	late, but not an	effective time, a	it 12:01 a.m. on	the earlier of: ((b) The 90th	day after the
					1 \		
JUNE ted	9		020 (m	.		
IUNE		· _	020 Liber or authorized	representative of	amender		