

201000005479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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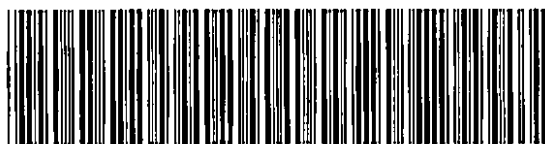
(Business Entity Name)

(Document Number)

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AUG 08 2018



# HEMISPHERIC

REINSURANCE GROUP, L.L.C.

August 2<sup>nd</sup>, 2018

Florida Department of State

Division of Corporations

Registration Section

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

Re: Hemispheric Reinsurance Group, LLC

Document No: L01000005479

Articles of Amendment

Please find enclosed:

1. Cover letter and Articles of Amendment to Articles of Organization of Hemispheric Reinsurance Group, L.L.C. duly completed and signed.
2. Check # 1517 for \$30.00 payable to: Florida Department of State.

Please review the enclosed and feel free to call this office should you require any additional information.

Sincerely,

Nitza Rivera

Hemispheric Reinsurance Group, L.L.C.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Hemispheric Reinsurance Group, 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:

Alexander Blake

Name of Person

Hemispheric Reinsurance Group, LLC

Firm/Company

255 Alhambra Circle, STE 690

Address

Coral Gables, FL 33134

City/State and Zip Code

ablake@hemisphericre.com

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

For further information concerning this matter, please call:

ablake@hemisphericre.com

Name of Person

at ( 786 )

Area Code

200-6139

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

HEMISPHERIC REINSURANCE GROUP, L.L.C.  
(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 04/09/2001 and assigned Florida document number L01000005479.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:**

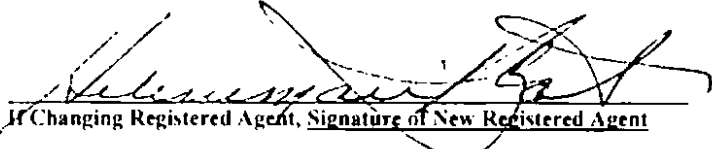
Name of New Registered Agent: Helenemarie Blake

New Registered Office Address: 2805 Freeman Street  
*Enter Florida street address*

Miami Florida 33133  
*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	Alexander Blake	255 Alhambra Circle, STE 609	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Blake	255 Alhambra Circle, STE 609	<input type="checkbox"/> Add
		Coral Gables, Florida 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Helenemarie Blake	255 Alhambra Circle, STE 609	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Evamarie Blake	255 Alhambra Circle, STE 609	<input checked="" type="checkbox"/> Add
		Coral Gables, Florida 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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.

Dated August 2, 2013

Alexander Blake

**Filing Fee: \$25.00**