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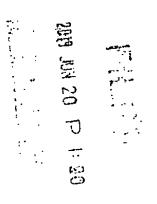
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COVER LETTER

SUBJECT:		IC HOLDING COMPANY, L.L ited Liability Company	C.		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
	ALE	XANDER BLAKE Name of Person			
		rame or roson			
	HEMISPHERIC HOLDING COMPANY, L.L.C. Firm/Company				
	255 ALHAMB	RA CIRCLE, SUITE 690, Address			
	CORAL G.	ABLES - FLORIDA 33134 City/State and Zip Code			
	ablake@he E-mail address: (misphericre.com to be used for future annual report notif	, L.L.C. O, 4 rt notification) 6139 aytime Telephone Number □ \$60.00 Filing Fee, Certificate of Status &		
For further information co	ncerning this matter, please co				
ALEXANDER	BLAKE	at (786) 200-6139			
Name of	Person	Area Code 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)	Certificate of Status & Certified Copy		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations

TO:

STREET/COURIER ADDRESS:

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

<u>HEM</u>	SPHERIC HOLDI	NG COMPANY,	L.L.C.	9852	ui 20 P 1: 20
	(Name of the Limite	<u>d Liability Compa</u> A Florida Limited I	ny as it now appe Liability Company	ara on our récorlis.)	•
The Articles of Organization					and assigned
Florida document number	L01000022572	_ ·			
This amendment is submitted	I to amend the follo	wing:			
A. If amending name, ente	r the new name of	the limited liab	llity company l	<u>here</u> :	
The new name must be distinguish	able and contain the wo	ords "Limited Liabil	lity Company," the	designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices	address, if applica	ble:			
(Principal office address Mi	<u>UST BE A STREET</u>	(ADDRESS)			
Enter new mailing address	, if applicable:				
(Mailing address MAY BE A	A POST OFFICE B	OX)			
B. If amending the regis registered agent and/or the	•	•		n our records,	enter the name of th
Name of New Regi	stered Agent:			<u>-</u>	
New Registered Of	fice Address:	_			
			Enter Fl	orida street address	
		-		, Flori	
			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 will provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with ana accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Actic
MGR	Alexander Blake	255 Alhambra Circle, Ste 690,	⊠ Add
		Coral Gables, Florida 33134	Remove
			Change
MGR	John Blake	255 Alhambra Circle, Suite 690,	Add
		Coral Gables, Florida 33134	☑ Remove
			Change
			Add
			Remove
			Change
			□ Add
			☐ Remove
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an effective ote: If the	ate, if other than the date is listed, the date must date inserted in this bl effective date on the D	st be specific and o lock does not me	cannot be prior to set the applicab		ore than 90 days		
	specifies a delayed a day after the rec		ite, but not	an effective ti	me, at 12:0)1 a.m. on t	the ear
ated	6/14	,	2019	.•			
				zed representative of	of a member	-	
			Alexande	er Blake			

Page 3 of 3

Filing Fee: \$25.00