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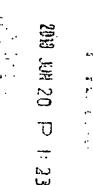
(Rec	questor's Name)	
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ACELVIATE 1

### **COVER LETTER**

SUBJECT:		DERWRITING MANAGERS, L ted Liability Company	.L.C.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	AI	EXANDER BLAKE Name of Person	<del></del>
	HEMISPHER1	LC UNDERWRITING MANAGES Firm/Company	RS,_L.L.C.
	255 ALHAMI	BRA CIRCLE, SUITE 690 Address	
	CORAL GABI	LES, FLORIDA 33134  City/State and Zip Code	
	ablake@hem; E-mail address: (t	isphericre.com o be used for future annual report not	fication)
For further information of	concerning this matter, please ca	dl:	
	DER BLAKE of Person	at (786 ) 200-6139 Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

Registration Section

**Division of Corporations** 

TO:

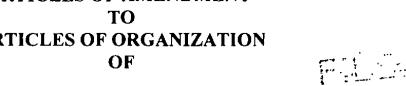
Division of Corporations P.O. Box 6327

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 UNDERWRIT  (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records: 11 20 20 1: 23 d Liability Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on 12/28/2001; and assigned
Florida document number L01000022679	
This amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:  e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	
	*
Tatau man mailing adduse if and isoble.	
•	
(Mailing address MAY BE A POST OFFICE BOX)	
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 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 i. 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 at or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alexander Blake	255 Alhambra Circle, Suite 690	bbA <del>दि</del> र
		Coral Gables, Florida 33134	□ Remove
			Change
MGR	John Blake	255 Alhambra Circle, Suite 690	🗀 Add
		Coral Gables. Florida 33134	<b>£</b> Remove
			🗆 Change
			🗆 Add
			Remove
			Change
			🗆 Add
			Remove
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			Change
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(If an effe <u>Note:</u> I	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated _	6/14 , 2019
Dates_	
Dates _	
Dauxi _	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00