

Division of Corporations

U16000019567Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000036002 3)))



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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : BRENNAN, MANNA & DIAMOND, P
Account Number : I20040000104
Phone : (904) 366-1500
Fax Number : (904) 366-1501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HEMISPHERE GLOBAL HOLDINGS LLC

Certificate of Status	0
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EFFECTIVE DATE

2/11

FEB 12 2016

S. YOUNG

Electronic Filing Menu

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Help

COVER LETTER

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TO: Registration Section
Division of Corporations**SUBJECT:** Hemisphere Global Holdings 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:

Christopher A. Walker

Name of Person

Brennan, Manna & Diamond, P.L.

Firm/Company

800 West Monroe Street

Address

Jacksonville, Florida 32202

City/State and Zip Code

cawalker@bmdpl.com

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

For further information concerning this matter, please call:

Christopher A. Walker

904 366-1500
at ()

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)☐ \$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

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

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Hemisphere Global Holdings LLC

(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 February 1, 2016 and assigned
Florida document number L16000019567

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Hemisphere Global Innovations LLC

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)

FILED
16 FEB 11 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
6 11 11 AM
FILED

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

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SECRETARY OF STATE
WASHINGTON, D.C. 20520
FEB 11 AM 9:43
16

E. Effective date, if other than the date of filing: February 11, 2016 (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 _____ February 11 2016

February 11, 2016



Signature of a member or authorized representative

Christopher A. Walker, Authorized Representative

Typed or printed name of signee