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19 JAN 31 AN 10: 34

FEB 08 2019

S. YOUNG

COVER LETTER

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Raul Travieso		
	HEMISPHERES OCEAN	Name of Person SOUTH INVESTMENT, LLC	
	1950 S Ocean Dr. Apt. 217	Firm Company	
	Hallandale Beach, FL 3300	Address)9)	
	traviesoraul@bellsouth.net	City/State and Zip Code	
For further information o	E-mail address: (concerning this matter, please co	to be used for future annual report notif all:	lication)
Raul Travieso		786 251-3639	
Name c	d Person	at ()Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
■ 525.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle

STREET/COURIER ADDRESS:

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEMISPHERES OCEAN SOUTH INVESTMENT, 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 01/18/2019and assigned Florida document number 1,19000019462 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 "LLC." 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) 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

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Raul Travieso	1950 S Ocean Dr. Apt. 21A Hallandale Beach, FL 33009	= Add
			☐ Remove
			Change
			□ Add
			Remove
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		01/28/2019				
Tective date, if other than the in effective date is listed, the date mu				(opti	onal)	
an effective date is listed, the date mu ote: If the date inserted in this b ocument's effective date on the I	lock does not mee	et the applicab	date of filing or models statutory filing	ore than 90 days after requirements, thi	filing.) Pursuant to 60, s date will not be list	5.0201 ted as
record specifies a delaye The 90th day after the rec		te, but not	an effective ti	me, at 12:01	a.m. on the earli	ier o
January 28 nted		2019				
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Page 3 of 3

Exped or printed name of signee

Filing Fee: \$25.00