# L19000019462

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of C	Corporations		
HEMISI SUBJECT:	PHERES OCEAN SOUTH INVE	STMENT, LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Raul Travieso		
	HEMISPHERES OCEAN	Name of Person SOUTH INVESTMENT, LLC	
	1950 SOUTH OCEAN DI APT 21-A	Firm/Company RIVE	
	HALLANDALE BEACH	Address . FL 33009	
	traviesoraul@bellsouth.net	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all;	
Raul Travieso		786 251-3639 at ()	
Name	e 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 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Nome of the United College of	-	<del></del>
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our recor Liability Company)	<u>-ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number £19000019462	were filed on 01/18/2019	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u></u>	2 SE
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nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	770 7 0
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. If amending the registered agent and/or registered of	ffice address on our record	s, <u>enter the name of the</u>
egistered agent and/or the new registered office address here	<u>e</u> :	
N. C. C. C. C.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	5,5
		orida
	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 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>	Address	Type of Action
AMBR	TRAVIESO, ANTHONY R	1950 S Ocean Dr. Apt. 21A Hallandale Beach, Fl. 33009	
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		04/23/201	<b>y</b>		-,-		
ffective date, if other that an effective date is listed, the date is listed.	n the date of f	iling:			(optional)		
an effective date is fisted, the da ote: If the date inserted in t	te must be specific his block does <b>r</b>	e and cannot be pric 10t meet the appli	or to date of filing cable statutory	or more than 90 day filing requiremen	's after filing.) Pur	suant to 605,	.020
ocument's effective date on	the Department	of State's record	5.	g requiremen	is, ans due win	not be fister	u a.
e record specifies a del The 90th day after the	ayed effective record is file	e date, but n ed.	ot an effectiv	ve time, at 12	:01 a.m. on	the earlie	!r o
ated April 23		2019					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00