

M16000002128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

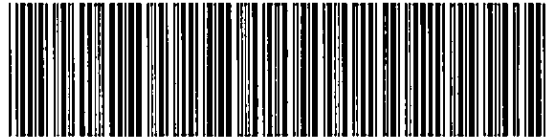
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEEP SOUTH INVESTMENT GROUP, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NATHAN M. HANSEN

Name of Person

HI REV LLC

Firm/Company

4399 COMMONS DR EAST, STE 100B

Address

DESTIN, FL 32541

City/State and Zip Code

nathan@hirevllc.com

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

For further information concerning this matter, please call:

Nathan Hansen at (850) 333-6707  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: DEEP SOUTH INVESTMENT GROUP, LLC

Enter new principal office address, if applicable: 4399 COMMONS DRIVE EAST

(Principal office address

MUST BE A STREET ADDRESS)

SUITE 100B

DESTIN, FL 32541

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

4399 COMMONS DRIVE EAST

SUITE 100B

DESTIN, FL 32541

2. The Florida document number of this limited liability company is: M16000002128

3. Jurisdiction of its organization: NEVADA

4. Date authorized to do business in Florida: 3/11/16

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: HI REV LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: NATHAN HANSEN

New Registered Office Address: 4399 COMMONS DR EAST, SUITE 100B

*Enter Florida Street Address*

DESTIN

*City*

Florida 32541

*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

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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

\_\_\_\_\_

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------------|-------------|----------------|-----------------------|
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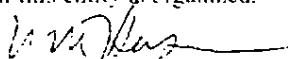
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

**Nathan M. Hansen, CEO**

Typed or printed name of signee

Filing Fee: \$25.00

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BARBARA K. CEGAVSKE  
 Secretary of State  
 204 North Carson Street, Suite 1  
 Carson City, Nevada 89701-4520  
 (775) 684-5708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)

## Amendment to Articles of Organization

(PURSUANT TO NRS 86.221)

|                        |                     |
|------------------------|---------------------|
| Filed in the office of | Document Number     |
| Barbara K. Cegavske    | 20170554395-61      |
| Secretary of State     | Filed Date and Time |
| State of Nevada        | 12/28/2017 11:01 AM |
|                        | Filing Number       |
|                        | E0013932016-8       |

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

### Certificate of Amendment to Articles of Organization For a Nevada Limited-Liability Company (Pursuant to NRS 86.221)

1. Name of limited-liability company:

DEEP SOUTH INVESTMENT GROUP, LLC

2. The company is managed by: ☒ Managers **OR** ☐ Members

(check only one box)

3. The articles have been amended as follows: (provide article numbers, if available)\*

Article 1: Shall be amended to reflect the new name of the company, which will be as follows:  
 HI REV, LLC

4. Effective date and time of filing: (optional) Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 (must not be later than 90 days after the certificate is filed)

5. Signature (must be signed by at least one manager or by a managing member):

X

Signature

\* If amending company name, it must contain the words "Limited-Liability Company," "Limited Company," or "Limited," or the abbreviations "Ltd.," "LLC," or "LC." "LLC" or "LC." The word "Company" may be abbreviated as "Co."

2) \* Adding managers: provide names and addresses

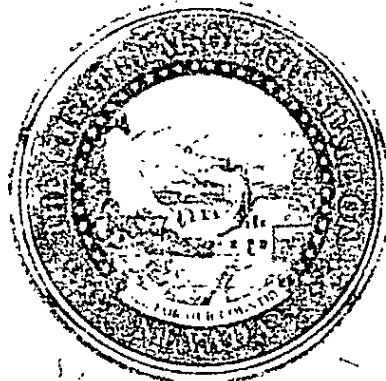
IMPORTANT: Failure to include any of the above information, and submit with the proper fees, may cause this filing to be rejected.

Nevada Secretary of State 86.221 D.L.L.C. Amendment  
 Revised: 1-5-15

This form must be accompanied by appropriate fees.

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SECRETARY OF STATE



# NEVADA STATE BUSINESS LICENSE

HI REV, LLC

Nevada Business Identification # NV20161019605

Expiration Date: January 31, 2019

OCT 17 A 11:51

FILED

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 4, 2018

*Barbara K. Cegavske*

Barbara K. Cegavske  
Secretary of State

*You may verify this license at [www.nvsos.gov](http://www.nvsos.gov) under the Nevada Business Search.*

License must be cancelled on or before its expiration date if business activity ceases.  
Failure to do so will result in late fees or penalties which by law cannot be waived.