

L120000147470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

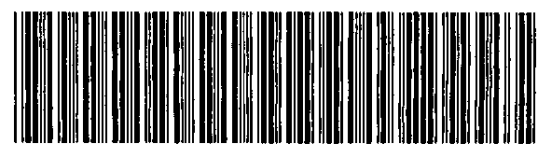
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

J. SAULSBERRY
EXAMINER
AUG 21 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 175 Hampton, 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:

Rodolfo Prinett
Name of Person
175 Hampton, LLC
Firm/Company
636 Sabal Palm Rd.
Address
Miami, FL 33137
City/State and Zip Code
roprinetto@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rodolfo Prinetto at **(305) 2979185**
Name of Person Area Code & Daytime Telephone Number

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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

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

175 Hampton, 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 11/26/2012 and assigned Florida document number L12000147470.

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 end with 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)

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STATE OF FLORIDA
CLERK OF CIRCUIT COURT

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

_____, 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Vittorio Prinetto	636 Sabal Palm Rd.	<input type="checkbox"/> Add
		Miami, FL 33137	<input type="checkbox"/> Remove
MGRM	Rodolfo Prinetto	636 Sabal Palm Rd.	<input type="checkbox"/> Add
		Miami, FL 33137	<input type="checkbox"/> Remove
MGR	Juan Jose Gabaldon	111411 Biscayne Blvd.	<input type="checkbox"/> Add
		Apt.1851	<input type="checkbox"/> Remove
		North Miami, FL 33161	
MGR	Guillermo Kubler	110 SW 12th Street	<input type="checkbox"/> Add
		Apt.1507	<input type="checkbox"/> Remove
		Miami, FL 33130	
MGR	Rafael Santana	2000 Island Blvd.	<input checked="" type="checkbox"/> Add
		Apt.707	<input type="checkbox"/> Remove
		Aventura, FL 33160	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated August 15th, 2013



Signature of a member or authorized representative of a member

Rodolfo Prinetto

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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