

L03000049088



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07/28/08--01010--006 \*\*30.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**L. SELLERS**  
JUL 29 2008  
**EXAMINER**

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08 JUL 28 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BLUE COAST GROUP, 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:

**FERNANDO DACOSTA**  
\_\_\_\_\_  
(Name of Person)

**BLUE COAST GROUP, LLC**  
\_\_\_\_\_  
(Firm/Company)

**1911 NW 150 AVE SUITE 104**  
\_\_\_\_\_  
(Address)

**PEMBROKE PINES, FL 33028**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**FERNANDO DACOSTA** at ( **954** ) **436-4220**  
\_\_\_\_\_  
(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

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

BLUE COAST GROUP, 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 12/01/2005 and assigned Florida document number L03000049088.

This amendment is submitted to amend the following:

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

HAMPTON MANAGEMENT, LLC.

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:**

1911 NW 150 AVE SUITE 104

**(Principal office address MUST BE A STREET ADDRESS)**

PEMBROKE PINES, FL 33028

**Enter new mailing address, if applicable:**

1911 NW 150 AVE SUITE 104

**(Mailing address MAY BE A POST OFFICE BOX)**

PEMBROKE PINES, FL 33028

**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:

ADRIAN MORALES

New Registered Office Address:

1911 NW 150 AVE SUITE 104

*(Enter Florida street address)*

PEMBROKE PINES

Florida 33028

*(City)*

**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)

FILED  
JUL 28 10 07  
CLERK OF CIRCUIT COURT  
FLORIDA  
TALLAHASSEE

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:

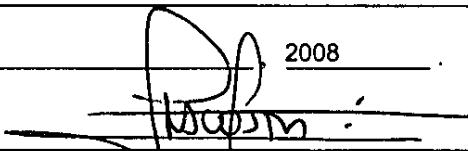
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DACOSTA, LUZ	1911 NW 150 AVE SUITE 104 PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated JULY 24 \_\_\_\_\_ 2008

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

FERNANDO DACOSTA

Typed or printed name of signee

08 JUL 28 AM 10:07  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

FILED