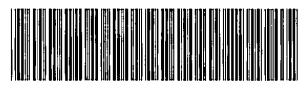
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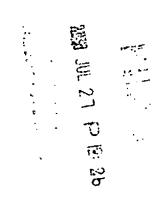
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Div	ision of Cor	porations		
enn mer.	Hampton Ir	westment LLC		
SUBJECT:		Name of Lim	ited Liability Company	 -
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		James B Smith		
			Name of Person	
			Firm/Company	
		7061 Twin Eagle Lane		
Address				
		Fort Myers, FL 33912		
		jimsmith@hamptondrywall.	City/State and Zip Code com	
		E-mail address: ()	to be used for future annual report noti	fication)
or further in	iformation c	oncerning this matter, please ca	all:	
loel Martine	au, CPA		239 278-1003 at ()	
	Name o	(Person	Area Code Daytim	e Telephone Number
Inclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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:

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

TO ARTICLES OF ORGANIZATION OF

Hampton Investment I LLC

(Name of the Limited Liability Company as it now appears on our records.) 1 (2 2 b)

The Articles of Organization for this Limited Liability Company were filed on 03/03/2009 and assign Florida document number 1.09000020905

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 t registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
AMBR	Smith, Norma J	7061 Twin Eagle Lane Fort Myers, FL 33912	■ Add
			□ Remov
		,	□ Change
			□ Add
			□ Remove
			Remove
			Change
			Add
			□ Remove
			Change
			
			□ Remove
			Change
			□ Remove
			☐ Change

ffantissa	data if other than the data of filings (ontional)
an effecti	date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 days after filing.
<u>iote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocument	's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Oth day after the record is filed.
	6/20/19
ited	
	\mathcal{L}
	Samo Don-A
	Signature of a member or authorized representative of a member
	James B Smith
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00