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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HAMPTON OAKS - TAMPA, 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:
David L. Huprich
Attorney at Law Firm/Company
7425 WYNSTONE COURT
WEST CHESTER, OHIO 45069 City/State and Zip Code david huprich@yahoo. com E-mail address/(to be used for future annual report notification)
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
David L. Huprich Name of Person at (513) 600-1069 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \text{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

HAMPTON OAKS - TAMPA, 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 **DECEMBER 28, 209** and assigned Florida document number **L09000122471**.

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 "Limite" L.L.C."	ed Liability	Company," th	e designation	ı "LLC" (or the a	bbreviation
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 offi registered agent and/or the new registered office address here	ice address :	s on our re	cords, <u>ente</u>	r the n	ame o	f the new
Name of New Registered Agent:						
New Registered Office Address:				75cs	-	
		Enter Flo	orida street d	ıd ar_{ESŞ}	_	
			, Florida	ART.	APR	
	City			∂,≍Zij	o Co de	g uerran
New Registered Agent's Signature, if changing Registered Agent:				rer, F	PH	m
				~~~ co	===	D.

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 Infiffamiliar 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 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	William S. Azopst, S.	C/o Propost Proporties LLC 401 Medician St. Suite 300 HUNTSVI (10, Alabama 3580	Add Remove
MGR	William S. Propst, Jr.	C/o Propost Proportion LLC 401 Mexidian St., Suite 300 Hyntsville, Alabama 35 801	Add Remove
MGR	John N. Hughey	Clo Propost Proporties LLC 401 Medician St. Site 300 Huntsville, Alabama 35 80	Add Remove 
			Add Remove
			Add Remove 
<del></del>			Add Remove
D. If amend	ling any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	_
			_
			<del>-</del> -
Dated Ap	n:18 , 201	<u>'</u> <u>o</u> .	_
	Signature of a service	Authorized representative of a member	
	Signature of Augusta David L. Hupa	r printed name of signee	

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Filing Fee: \$25.00