Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000146392 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6383

Account Name

: SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387

: (813)229-7600

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:
-------	----------

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BILL HAMPTON AND ASSOCIATES, LLC

	<u> </u>
Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Monu

Corporate Filing Mehu HAMP

JUN 2 8 2010

EXAMINER

H100001463923

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bill Hampton and Associate (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	es, LLC ppears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L10000056228</u>	1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	y here:	
William Barker Hampton, Li	LC :	
The new name must be distinguishable and end with the words "Limited Liability C"L.L.C."	ompany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:	;	· N
(Principal office address MUST BE A STREET ADDRESS)		SION O
Enter new mailing address, if applicable:	:	2 · co
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the	pame of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	<u> </u>
<u></u>	. 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

Page 1 of 2

H10000146392 3

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 lanaging Mem ber	,	
<u>Title</u>	Name	Address	Type of Action
	*11 *1 *		Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
	, -		Add Remove
			Add Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary	,
)	SECRETAR DIVISION OF COME 22
	Tan 20 22		RY OF STA
Dated	Signature of a member of	or authorized representative of a member	TIONS
	William B.		
•	··· ,	Page 2 of 2	

Filing Fee: \$25.00

H10000146392 3