

L11000009/30

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

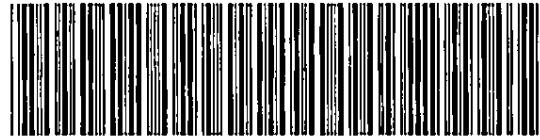
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S TALLENT

MAY 15 2019

2019 MAY -1 AM 8:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

*Amend*



Hamptons Group, LLC  
6909 Mindello Street  
Coral Gables, FL 33146

(305) 310-9000  
[www.hamptongroup.com](http://www.hamptongroup.com)

VIA FIRST CLASS U.S. MAIL

April 26, 2019

Registration Section  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Registration Section:

Enclosed you will find Articles of Amendment to Articles of Incorporation of Hamptons Group, LLC, along with a check made payable to the "Florida Department of State" in the amount of \$25.00 for said filing fee.

Thank you very much.

Sincerely yours,

A handwritten signature in black ink, appearing to read "J. Bartel". The signature is fluid and cursive, with a large initial "J" and "B".

Jeffrey S. Bartel  
Managing Member

Encls.

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hamptons 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:

Jeffrey S. Bartel

Name of Person

Hamptons Group, LLC

Firm/Company

6909 Mindello Street

Address

Coral Gables, FL 33146

City/State and Zip Code

jeff.bartel@hamptongroup.com

E-mail address: (to be used for future annual report notification) ✓

For further information concerning this matter, please call:

Jeffrey Bartel

305 310-9000

at ( )

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**

Hamptons 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 1/21/2011 and assigned Florida document number L11000009130.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Catherine Bartel	6909 Mindello Street Coral Gables, FL 33146	<del>Remove</del>
			<del>Remove</del>
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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