11000027480

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2011 MAR -8 PM 2: 47
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

MAR 1 0 2011

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	ECT:	Hampton	Lakes PGC, LLC		
	-	Name of Limi	ted Liability Company	•	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Don R. Frankenberg		
			Name of Person		
			Firm/Company		
	2165 Sunnydale Blvd. Suite A				2
			Address		OILH Scor
	Clearwater, FL 33765 City/State and Zip Code				AR -8 (E FAR) (HASS
			,		R-8 PH
For fur	ther information	E-mail address: (t	to be used for future annual report notificated:	tion)	2011 HAR -8 PH 2: 47 SECRE FARY OF STATE TALLAHASSEE. FLORID
		R. Frankenberg	at (727) 4	42-6699	
	Name (or rerson	Area Code & Daytine	elephone Number	
Enclose	ed is a check for t	he following amount:			
\$25	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status			Certified (e of Status &
MAILING ADDRESS: Registration Section			STREET/COURIE Registration Section		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hampton	Lakes PGC, LLC		<u></u>		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appea nited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Con	npany were filed on	3/4/2011	and assign	ed	
Florida document number L11000027480					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	d liability company her	<u>¹e</u> :			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	nny," the designation	"LLC" or the abbr	eviation	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		201 550 TALLE		
			AN 3		
			-8 78.87 19.87	-	
Enter new mailing address, if applicable:		-			
(Mailing address MAY BE A POST OFFICE BOX)			F STATE		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, <u>enter</u>	the name of the	ie nev	
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 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Philip W. Young	P.O. Box 509 Manchester, VT 05254-0509	Add Remove
MGR	Carlos A. Yepes	6654 - 78th Avenue North Pinellas Park, FL 33781	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
<u>.</u>			ALE Remove
D. If amend	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	PH 2:47 OF STATE
_			_
Dated	March 8 , 201	<u>1</u> .	_
		-D 12th	
	-	or authorized representative of a member	
		Glenn D. Witt	

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Filing Fee: \$25.00