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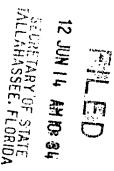
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D. BRUCE

JUN 15 2012

**EXAMINER** 

## **COVER LETTER**

	on of Corporations	
SUBJECT:	Scottie Hampton, LLC	
_	Name of Limited Liability Company	
The enclosed A	articles of Amendment and fee(s) are submitted for filing.	
Please return al	Il correspondence concerning this matter to the following:	
	Patrick Berry Name of Person	
	Scottie Hampton LLC Firm/Company	
	340 Royal Painciana Way, Ste 317-157	
	Palon Beach, FL 33480 City/State and Zip Code	
	info @ scottiehampton.com  -mail address: (to be used for future annual report notification)	ig S
For further info	ormation concerning this matter, please call:	त्र
	Berry  at (901) 619 - 6297  Name of Person  Area Code & Daytime Telephone Number	
Enclosed is a c	heck for the following amount:	
\$25.00 Filin	rig Fee \$\ \times \$\\$30.00\$ Filing Fee & \$\ \times \$\\$55.00\$ Filing Fee & \$\ \times \$\\$60.00\$ Filing Fee, \$\ \times \text{Certificate of Status}\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	d)

### 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

Scottie Ha	impton, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records Limited Liability Company)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Florida document number		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:		
The new name must be distinguishable and end with the wo'L.L.C."	ords "Limited Liability Company," the designat	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)	* 1	
		子 ト ト ト ト ト ト ト ト ト ト ト ト ト	
Enter new mailing address, if applicable:		SS F	
Mailing address MAY BE A POST OFFICE BOX)		me 🚁 🕠	
	·	77 <b>69</b>	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		nter the name of the new	
registered agent and/or the new registered office ad-	uress nere.		
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida street addre		
·	, Floric		
	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 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 = Manager

MGRM = Managing Member **Title** Name **Address Type of Action** Patrick J. Berry MGRM □Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove  $\prod$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated June 11 Signature of a member or anthorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00