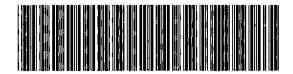
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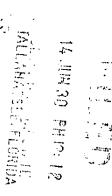
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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### **COVER LETTER**

TO: Registration Sec Division of Corp			•
SUBJECT:	25 Hampton Name of Limit	Road LL	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Ola	a Cusell Name of Person	
	[0 2°	5 Hampton R	ocd UC
	250	SU Aldress	Terrace
	<u> </u>	City/State and Zip Code	33145
	E-mail address: (1	GOSNODIMA o be lused for future annual report notif	©aol.com
For further information co	ncerning this matter, please ca	ill:	,
O ( CC Name of	Cusell Person	at (56() 20 Area Code Daytimo	1-11048 Telephone Number
Enclosed is a check for the	e 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

# TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number	any were filed on 8 6 12 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited in the new name must be distinguishable and end with the words "Limited"	Liability company here:  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)	2501 SW 21st Terrale Miami FL 33145
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2501 5W 21st Terrace Miami FC 33145
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	l office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address  Becan Enter Gurdens, Florida  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

Page 1 of 3

Authorized	Member being add	ded or remoyed fro	m our records:	
MGR = M $AMBR = A$	lanager uthorized Membe	<b>r</b> ,		المناسبة . المناسبة .
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he effective date	if other than the date of filing: (optional) must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ment is filed by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00

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