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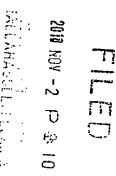
(Red	questor's Name)	
(Add	iress)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp			
(*1 !1 \ 1 f	HAMPTON			
SUBJE	ECT:	Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		VICKY LEVY		
			Name of Person	
			Firm/Company	
		18201 COLLINS AVENU	E 1606	
		SUNNY ISLES BEACH, I	Address L 33160	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
VICK	Y LEVY		786 252-8401	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for the	ne following amount:		
= \$2	5.00 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

FILED

HAMPTONS INN LLC

(Name of the Limited Liability Company as it now appears on our records NUV - 2 P 5 10

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on $\frac{04/2}{}$	1/2017 JALLAHASSEL, Fandrassigned
Florida document number L17000089618		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	signation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
		la street address
		, Florida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag-	ree to act in this co	apacity. I further agree to comply with the

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>	Type of Action
AMBR	DUM, MARIA	475 CENTER ISLAND	
		GOLDEN BEACH, FL 33160	Add
		GODDEN BEACH, 112 35 100	■ Remove
			☐ Change
			Remove
			□ Change
			Add
			□ Remove
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ffective date, if other than the	date of filing:	(optional) of filing or more than 90 days after filing.) Pursuant to 0	(05.0303)
an effective date is listed, the date mus Note: If the date inserted in this blood locument's effective date on the De-	ock does not meet the applicable sta	tutory filing requirements, this date will not be l	isted as (
e record specifies a delayed The 90th day after the reco	effective date, but not an e ord is filed.	ffective time, at 12:01 a.m. on the ea	rlier of
OCTOBER 30	2018		
	Signature of a member or authorized re		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00