11000133075

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	ne)
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TO:		istration Se sion of Cor				
enio in	ecer.	НАМРТО	N SOUTH 602, LLC			
SUBJE	ДI:		Name of Lim	nited Liability Company	·	
The end	closed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return	all correspo	indence concerning this matter	to the following:		
			ABRAHAM BENHAYOU	JN. ESQ.		
				Name of Person		
			THE BENHAYOUN LAV	V FIRM	, 	
Firm/Company			<u>-</u>			
			12000 BISCAYNE BOUL	EVARD SUITE 221		
				Address	<u> </u>	.
			NORTH MIAML FL 3318	81		
				City/State and Zip C	ode 	
			OFFICEMANAGER@BEN		I	
				to be used for future an	nual report notific	ration)
For furt	ther in	formation c	oncerning this matter, please co	all:		
ABRA	HAM	BENHAYO		305 at (434-8233	
		Name o	f Person	Area Code	Daytime T	l'elephone Number
Enclose	ed is a	check for th	ne following amount:			
\$25	5.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Cop (additional copy	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314	Regi Divi Clin 2661	EET/COURIEI stration Section sion of Corporati on Building Executive Cent thassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUL 24 PH 2: 32

PALL AMASSES, FLORID

HAMPTON SOUTH 602, LLC

company has been notified in writing of this change.

(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 Li Florida document number L17000133075	ability Company were	filed on JUNE 19, 2017	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability c	ompany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Co	mpany," the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u> </u>		
			
B. If amending the registered agent and/or the new registered of		address on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	TALY OSTFELD		
New Registered Office Address:	2025 NE 197TH TER	RACE	
	_	Enter Florida street address	
	MIAMI	, Florida 33	179 Zip Code
New Registered Agent's Signature, if changing R		ity	Zip Code
I hereby accept the appointment as registered provisions of all statutes relative to the prope accept the obligations of my position as regis		rmance of my duties, and I am	familiar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If amending A or removed fr	Authorized Person(s) authorized to com our records:	manage, <u>enter the title,</u>	name, and address of each person being added
MGR = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
		_	Change
		<u> </u>	□ Remove
			Change
			Change
			Remove
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			☐ Change
			
			□ Remove
			Change

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`an ef	ive date, if other than the date of filing:
ocun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e rei The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
l	JULY 14, 2017
ated	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	HILLO OSTFELD, MANAGER COLLECTE LINE

Filing Fee: \$25.00