## 119000128720

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
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## **COVER LETTER**

TO:		istration Section Section of Cor				
erio:	IECT.	=	Group Realty, LLC	•	<i>;</i>	
SUB	JECT:		Name of Limi	ited Liability Company		
The e	enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Pleas	e return	all correspo	ndence concerning this matter	to the following:		
			Jeffrey S. Bartel			
			Hamptons Group, LLC	Name of Person		_
			1172 S. Dixic Highway, Su	Firm/Company uite 554		-
			Coral Gables, FL 33146	Address		
			admin@hamptonsgroup.con	City/State and Zip Code		
				to be used for future annual re	eport notification)	
For fi	urther i	nformation co	oncerning this matter, please ca			
Jeffre 	ey S. Ba	Name of	f Person	305 310- at () Area Code	-9000 Daytime Telephone Number	
Enclo	osed is a	a check for th	e following amount:			
■ S	25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encle	Certific osed) Certific	ate of Status &

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

Hamptons Group Realty, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L19000128720	pany were filed on 5/13/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Hamptons Group Real Estate, LLC		
The new name must be distinguishable and contain the words "Limited	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 ADDRES.	<u></u>	
Trincipal office address most be normal riportes.		
Enter new mailing address, if applicable:		超量力
• • • •		2 1
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere	ed office address on our records. 6	enter the name of the nev
registered agent and/or the new registered office address	s here:	绝 5
		0r.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florie	da
	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 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>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
		☐ Remove	
			☐ Change
			Add
			□ Remove

<u></u>	
<del></del>	
_	
Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
Dated _	Octabe 1 2019
	Signature of a member authorized representative of a member

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Filing Fee: \$25.00