

LP 000 204 505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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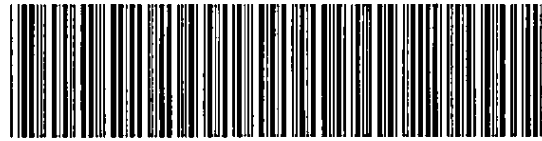
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

FEB 12 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** APPLE CONSULTING AND DOCUMENTARY ADVICE LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALBERTO MAROSTICA JR

\_\_\_\_\_  
Name of Person

HAMPTON GLOBAL SERVICES LLC

\_\_\_\_\_  
Firm/Company

5401 S Kirkman Rd suite 242

\_\_\_\_\_  
Address

ORLANDO, FL 32819

\_\_\_\_\_  
City/State and Zip Code

Albertomarost@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO MAROSTICA JR

407 269-3998

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

APPLE CONSULTING AND DOCUMENTARY ADVICE LLC

(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 Liability Company were filed on 8/12/2019 and assigned  
Florida document number 1.19000204505.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

HAMPTON GLOBAL SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

5401 S Kirkman Rd Suite 242

ORLANDO, FL 32819

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ALBERTO MAROSTICA JR	5401 S Kirkman Rd Suite 242	<input checked="" type="checkbox"/> Add
		ORLANDO FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA ANGELICA MAROSTICA	5401 S. KIRKMAN RD	<input type="checkbox"/> Add
		SUITE 242	<input type="checkbox"/> Remove
		ORLANDO, FL 32819	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FL  
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2020 JAN 7 PM 5:29  
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TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FL  
2020 JAN 7 PM 5:29

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 9 2020

Signature of a member or authorized representative of a member

ALBERTO MAROSTICA JR

Typed or printed name of signee

**Filing Fee: \$25.00**