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COVER LETTER

TO: Registration Section

Divis	ion of Cor	porations	•		
	HAMPSHI	RE INVESTMENTS LLC			
SUBJECT: _		Name of Lim	ited Liability Company	 	
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspo	ndence concerning this matter	to the following:		
		ARTURO FASANI			
			Name of Person		
		HAMPSHIRE INVESTM	ENTS LLC		
		W	Firm/Company		
		11714 BRIARWOOD CIR	R. APT 3		
			Address		
BOYNTON BEACH, FL 33437					
			City/State and Zip Code		
		arturo@hampshire.llc			
		E-mail address: (to be used for future annual report noti	fication)	
For further inf	ormation co	oncerning this matter, please ca	all:		
ARTURO FA	SANI		305 6191317 at ()		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a c	heck for th	ne following amount:			
■ \$25.00 Fil	ing 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)	
Regi Divi P.O.	Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAMPSHIRE INVESTMENTS 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 64/28/2021 and assigned Florida document number 1.21000196559 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ADDRESS) 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: Arturo Fasani Name of New Registered Agent: 11714 Briarwood Cir. Apt. 3 New Registered Office Address: Enter Florida street address

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.

Boynton Beach

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>	Address	Type of Action
MGR	ARTURO FASANI	11417 Briarwood Court Apt. 3	🗀 Add
		Boynton Beach, FL 33437	□Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			□Remove
			□Change

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iffec	tive date, if other than the date of filing: (optional)
f an ci	Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	nent's effective date on the Department of State's records.
	rd 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
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d is f	SEPTEMBER 25 202
d is f	SEPTEMBER 25 202
d is f	