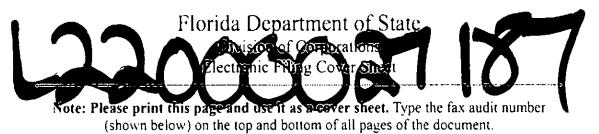
2/7/22, 3:26 PM

Division of Corporations



(((H22000049759 3)))



H220000497593ABC5

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : HUBCO Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088 \*\*Enter the email address for this business entity to be used for future ä annual report mailings. Enter only one email address please.\*\* AMERICANSERVICES89@GMAIL.COM Email Address:\_ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 775 HAMPTON CIR LLC Certificate of Status 0 Certified Copy 04 Page Count

\$30.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

**LEB 08 3033** T. LEMIEUX

## ARTICLES OF AMENDMENT TO

H22000049759

## ARTICLES OF ORGANIZATION

775	HAMPTON CIR LLC		
(Name of the Limited Lia)	bility Company as it now appear rida Limited Liability Company)	s on our records.)	<del></del>
The Articles of Organization for this Limited Liability  Torida document number		IANUARY 25, 2022	and assigned
his amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability company be	ra·	
v. It amending name, enter the new name of the n	united traplacy Company ite	<u> </u>	
The new name must be distinguishable and end with the words.	"Limited Liability Company," the o	designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD.	DRESS)		
Trincipal office and control in District Land			
'nter new mailing address, if applicable			
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or re	gistered office address on	our records, <u>enter t</u>	he name of the
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on	our records, enter the	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or re	gistered office address on	our records, enter the	22 1
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office and the Name of New Registered Agent:	gistered office address on	our records, enter the	
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on ddress here:	our records, enter the street address	22 16
Muiling address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered agent and/or the new registered office and the Name of New Registered Agent:	gistered office address on ddress here:	ida street address	22 IED -7
Muiling address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered agent and/or the new registered office and the Name of New Registered Agent:	gistered office address on ddress here:	ida street address	22 160 -7

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MIGAI MONCEAN	775 HAMPTON CIR #133	🖸 Add
		NAPLES, FL 34105	Remove
AMBR	MIHAI MOCEAN	775 HAMPTON CIR #133	■ Add
		NAPLES, FL 34105	□ Remove
			Add
			□ Remove
			☐ Remove
			Remove
			□ Велюче

H22000049759

02/07/2022 12:29 PM	14154847068	→ 18506176383	pg 5
D. If amending any	other information, enter cl	nange(s) here: (Attach additional sheet	s, if necessary)
			H22000049759
			<del></del>
<del>-</del>			
E. Effective date, if (The effective date mu the date this document	other than the date of filing st be specific, cannot be prior to da it is filed by the Florida Departmen	te of receipt or filed date and cannot be more than at of State)	(optional) n 90 days after
Dated	FEBRUARY 7	2022	
	Signature of a r	member or althorized representative of a memb	er
	_	NAN-VASILE	

Page 3 of 3

Typed or printed name of signee