

L22000184663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

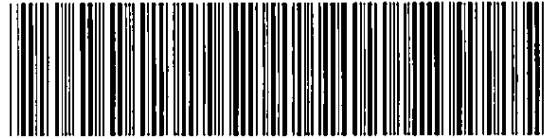
(Business Entity Name)

(Document Number)

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2023 NOV 15 PM 4:30
SEC. OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hampton Foods 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:

Joel L Hampton

Name of Person

Hampton Foods LLC

Firm/Company

4267 Liddon ST

Address

Marianna, FL 32446

City/State and Zip Code

sales@hamptonfoodsllc.com

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

For further information concerning this matter, please call:

Joel Hampton

Name of Person

239 410-6403
at ()

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

2023 NOV 15 PM 4:30
STATE
TALLAHASSEE, FL

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

Hampton Foods 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 4/18/2022 and assigned
Florida document number L22000184663.

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

4267 Liddon ST

Enter Florida street address

Marianna

City

Florida

32446

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

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2023 NOV 15 PM 1:30
STATE OF FLORIDA
TALLAHASSEE
CLERK OF CIRCUIT COURT

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	Hampton, Deonna L		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		4267 Liddon ST, Marianna, FL 32446	<input checked="" type="checkbox"/> Change
AMBR	Hampton, Joel L		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		4267 Liddon ST, Marianna, FL 32446	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE FL
STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

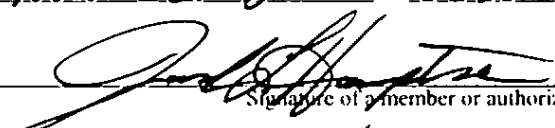
Blank lines for amending information.

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SEC. OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be used as the document's effective date on the Department of State's records.

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 November 8, 2023



Signature of a member or authorized representative of a member
Joel L Hampton

Typed or printed name of signee