

7-Aug-2017 12:40

Unknown

854-986

p.2

P170000052343

Division of Corporations

Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000205846 3)))



H170002058463ABC0

**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)617-6380

From:

Account Name : RICARDO MARTINEZ-CID, P.A.  
Account Number : 076640001666  
Phone : (305)632-1950  
Fax Number : (305)854-9788

2017 AUG -7 PM 4:18  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: jraygada@villclub.ec.

RECEIVED

17 AUG -7 PM 1:05

RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
HAMPI INC.**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

AUG 08 2017  
C MCNAIR

Help

FLORIDA BAR NO. 157029 / AUDIT NUMBER: H17 000205846 3

**RICARDO MARTINEZ-CID**

Professional Association  
2250 SW 3 Avenue, Ste. 203  
Miami, Florida 33129-2028  
Telephone (305) 632 1950  
mtnezcid@aol.com

**FACSIMILE TRANSMISSION**

Number of pages sent: 7 (excluding this page)

SEND TO: Florida Department of State  
Division of Corporations  
VIA: (850) 617 6380

SENT BY: Ricardo Martinez-Cid, Esq.

DATE: August 7, 2017

Dear Department of Corporations:

We enclose Articles of Amendment for **HAMPT INC.**, filed 6/13/2017, Document No. P17000052343, to update the principal and mailing office of the corporation and of its sole director and officer, to 19111 Collins Avenue, Apartment 2004, Sunny Isles, Florida 33160. Debit my account for the amount of \$35.00, covering the filing fee. I thank you for your cooperation, in advance, and remain,

Sincerely,

*Martinez-Cid*

Ricardo Martinez-Cid

Encl.

RMC/ng

cc: jraygada@villaclub.ec

**SHOULD YOU ENCOUNTER ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL 305-632 1950**

The information contained in this transmission is UNCLASSIFIED AND CONFIDENTIAL. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone, collect and return the original message to us at the above address via US Postal Service, we will reimburse you for postage. Thank You.

Prepared by: Ricardo Martinez-Cid  
2250 SW 3 Avenue, Suite #203, Miami, Florida 33129  
Telephone (305) 632-1950/ Facsimile (305) 854-2513  
FLORIDA BAR NO. 157029 / AUDIT NUMBER: H17 000205846 3

2017 AUG - 7 PM 4:10  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: HAMPI INC.

DOCUMENT NUMBER: P17000052343

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICARDO MARTINEZ-CID

Name of Contact Person

RICARDO MARTINEZ-CID Professional Association

Firm/ Company

2250 SW 3 Avenue, Ste. 203

Address

Miami, Florida 33129-2028

City/ State and Zip Code

jraygada@villacub.ec

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

For further information concerning this matter, please call:

RICARDO MARTINEZ-CID

at ( 305 ) 6321950

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
DIVISION OF CORPORATIONS  
2017 AUG -7 PM 4:18

Articles of Amendment  
to  
Articles of Incorporation  
of

HAMPI INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P17000052343

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

19111 Collins Avenue,

Apartment 2004,

Sunny Isles, Florida 33160

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

19111 Collins Avenue,

Apartment 2004,

Sunny Isles, Florida 33160

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address:\_\_\_\_\_, Florida  
(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change	D/P/S/T	RAYGADA LUQUE, JUAN	19111 Collins Avenue,
<input type="checkbox"/> Add			Apartment 2004,
<input type="checkbox"/> Remove			Sunny Isles, Florida 33160
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

**F. If amending or adding additional Articles, enter change(s) here:**

(Attach additional sheets, if necessary). (Be specific)

The purpose of this Amendment is to establish the new principal office and mailing address of this Corporation and of its sole Director, President, Secretary and Treasurer.

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself;**

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: Upon filing with the Florida Secretary of State.  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_"  
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated August \_\_, 2017

Signature

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JUAN RAYGADA LUQUE

(Typed or printed name of person signing)

Sole Director, President, Secretary and Treasurer

(Title of person signing)