

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L17000160607

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.

(((H18000278247 3)))



H180002782473ABC6

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 : THE LAW OFFICES OF NICK SPRADLIN, PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (713)429-1276

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

Email Address: Peeditty73@gmail.com

18 SEP 24 AM 9:53

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HAMMER FUSION, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

2018 SEP 24 PM 3:40

Received Fax :

SEP 24 2018 2:23PM

09-24-18;02:37PM;United Way

18139363066

2 / 4

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAMMER FUSION, 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 07/27/2017 and assigned Florida document number L17000160607

This amendment is submitted to amend the following:

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

4 QUEENS INVESTMENT GROUP, LLC

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)

8517 N. SEMMES

TAMPA FL 33604

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8517 N. SEMMES

TAMPA FL 33604

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:

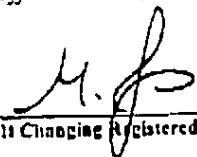
Name of New Registered Agent: MARTY L. JAMES

New Registered Office Address: 8517 N. SEMMES
Enter Florida street address

TAMPA, Florida 33604
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

FILED
SEP 24 AM 9:53
TAMPA

Received Fax : Sep 24 2018 2:28PM Fax Station : NICK SPRADLIN

09-24-18;02:37PM;United Way

:5139363058

3/ 4

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> |
|--------------|--|-------------------------|--|
| MGR | THE LAW OFFICES OF NICK SPRADLIN, PLLC | 18801 N. DALE MABRY HWY | <input type="checkbox"/> Add |
| | | #119... | <input checked="" type="checkbox"/> Remove |
| | | LUTZ, FL 33548 | <input type="checkbox"/> Change |
| AMBR | MARTY L. JAMES | 8517 N. SEMMES | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | TAMPA FL 33604 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
18 SEP 21 AM 9:53

#18 0602782473

Received Fax : Sep 24 2018 2:23PM FAX STATION : FLS 384011Y

09-24-18;02:37PM;United Way

;6139363066

4 / 4

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

[Lined area for amending information]

SEP 24 11 01 AM '18

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 listed 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 09/24 2018

[Signature of Marty L. James]
Signature of a member or authorized representative of a member

MARTY L. JAMES
Typed or printed name of signer

H18G602782473