L21000264124

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Daywood Novelley)
(Document Number)
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I ALBRITTON

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>8/4/2021</u>	**WALK IN**
ENTITY NAME	MC HAMMER STOCKING CO LLC
DOCUMENT NUMI	BER
	PLEASE FILE THE ATTACHED AND RETURN
XXXXX	Plain Copy
	Certified Copy
	Certificate of Status
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting:
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DEST	
NUMBER OF CERTII	FICATES REQUESTED
TOTAL OWED \$ 25	5.00 ACCOUNT # 120160000072
Please call Tina c	at the above number for any issues or concerns. Thank you so much!

COVER LETTER

Division	of Corporations
MC SUBJECT:	Hammer Stocking Co ELC
	Name of Limited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.
	orrespondence concerning this matter to the following:
	Chantel Keenan
	Name of Person
	MC Hammer Stocking Co LLC
	Firm/Company
	2424 Tampa Bay Blvd Apt A 204
	Address
	Tampa Fl 33603
	City/State and Zip Code me.hammerstocking@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Chantel Keenan	941 7376019 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
☑ \$25.00 Filing	Fee \$\Bigcup \$30.00 \text{ Filing Fee & }\Bigcup \$55.00 \text{ Filing Fee & }\Bigcup \$60.00 \text{ Filing Fee, }\\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compa	iny as it now appears on ou Liability Company)	r records.)	
The Articles of Organization for this Limited Liab Florida document number L21000264124				igned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applical	ole:	2424 W Tampa Bay Bl	vd	
(Principal office address MUST BE A STREET	ADDRESS)	Apt A 204	. 202	
		Tampa, Fl 33607	70.	والمالية
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>)6-4- :: #	
B. If amending the registered agent and/or reg agent and/or the new registered office address		address on our records	enter the name of the new	register
Name of New Registered Agent:	Chantel Keenai	1		 .
New Registered Office Address:	2424 W Tampa	Bay Blvd Apt A 204		
		Enter Florida stree	t address	
	Tampa Fl		, Florida <u>33607</u>	
		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

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
CFO	Marco Lamonte III	806 W Fribley St. Tampa FI 33603	□Add
			■Remove
			□Change
	·		
			□Remove
			OAdd
			□Remove
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Effective date, if other than If an effective date is fisted, the date Note: If the date inserted in this document's effective date on the	must be specific and cannot be p s block does not meet the app	rior to date of filing or more plicable statutory filing re	(optional) than 90 days after filing.) Purequirements, this date will	suant to 605.0207 (not be listed as t
e record specifies a delayed effected is filed.	tive date, but not an effectiv	re time, at 12:01 a.m. on t	the earlier of: (b) The 90	ith day after the
Dated Aug 4th	. 2021			
	Signature of a member or a	uthorized representative of	(M)	<u></u>
Chantel Keenan	2	.1,		
		rinted name of cursos	· · ·	

Filing Fee: \$25.00