## P03000090609

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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: 3 Hammers Enterprise Inc.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rhonda Wood  Name of Contact Person  3 Hammers Enterprise Inc  Firm/ Company
Name of Contact Person
3 Hammers Enterprise Inc
Firm/ Company
235 Garden Ln.
Address
Freeport, Fr. 32439
Address  Freeport, Ft. 33439  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
Particular information constitution and the same than 19
For further information concerning this matter, please call:
Rhonda Wood at (850) 835-4465  Name of Contact Person Area Code & Daytime Telephone Number
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 Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

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



July 12, 2012

RHONDA WOOD 235 GARDEN LN FREEPORT, FL 32439

SUBJECT: 3 HAMMERS ENTERPRISE, INC.

Ref. Number: P03000090609

We have received your document for 3 HAMMERS ENTERPRISE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 012A00018706

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Articles of Ame	ndment	#	
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Articles of Incor of	poration		<del>نے</del>
3 Hammers Enterprise Inc	,	100 A	<u>-</u> ω <u>-</u> Ξ
(Name of Corporation as currently filed with the Flor	rida Dent. of State)		Paris.
	Tall Dabli of Sinie)	* * * * * * * * * * * * * * * * * * *	E ä
P0300090609		***************************************	=
(Document Number of Corporation (if k	nown)		£
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florida	orida Profit Corporation adopts	the following a	imendment(s) to
A. If amending name, enter the new name of the corporation:			
E / / A			
N/A	D 44		he new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co	` "company," or "incorporate o". A professional corporation	a" or the abb name must co	reviation ntain the
word "chartered," "professional association," or the abbreviation "P.			
D. Foton and desired office address if annihilation	135 Garden	Lo	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	235 Garden Freeport, F23	<u>~</u>	
(1. Historian of the control of the	treeport, his	12439	
	U		
C. Enter new mailing address, if applicable:	0216-00	1.0	
(Mailing address MAY BE A POST OFFICE BOX)	235 Geraen	4)	
	235 Garden 1 Freeport, Fr. 3	32439	
	<b>V V V V</b>		
D. If amending the registered agent and/or registered office address	ss in Florida, enter the name o	fthe	
new registered agent and/or the new registered office address:	is the restrict the name o	TIME	
John W Av	oru		
Name of New Registered Agent UNN W. FW			
<u>195 WHπE (</u>	IAK LA		
(Florida stree	t address)		
New Registered Office Address: Freeport	, Florida 3	12 <i>439</i>	
(City)		(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent. Vam samiliar wi	th and accept the obligations of	the position.	
VHOL DY			
Signature of New Registered Ag	gent, 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: X Change	PT John	Doe	
X Remove	<u>V</u> <u>Mike</u>	: Jones	
X Add	<u>SV</u> <u>Saliy</u>	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	<u>P</u> _	RonaldG Brand	806 Phillips Dr. Freeport, Fr. 32434
2)	$\mathcal{T}_{-}$	Rhonda K. Wood	235 Garden Ln. Freeport, Fr. 32439
3) / Change Add Remove	P	Rhonda K. Wood	235 Garden Ln. Freegort, Fr. 32439
4) Change Add Remove	<u>-</u>	John W. Avery	195 White Oak Ln. Freeport, FL. 32439
5) Change Add Remove	·		
6) Change Add Remove		**************************************	

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f an amei	dment provides for an exch	inge, reclassification, o	r cancellation of issued sl	nares.
	s for implementing the amer applicable, indicate N/A)	dment if not contained	in the amendment itself:	
Ronal	d G Brand 49	of shares w	ere nancelled	المداره
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shon	da K Wood in	neritea 49,	o of shares o	A ROMALE
Bra	nd - total owi	1ed 100% L	as ot 10/12/11)	
John	nd - total own W. Avery - iss	ned 50% of	- stocks by R	honda K W
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111	420/12			
				•

The date of each amendment(s) adoption	10/11/11: 4/20/12
	20/12
Effective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement 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)
	(voting group)
action was not required.	y the board of directors without shareholder action and shareholder  by the incorporators without shareholder action and shareholder
selected, by a appointed fid-	r, president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)
<u>K</u>	Nonda K. Wool  (Typed or printed name of person signing)
_	resident
- A - A - A - A - A - A - A - A - A - A	(Title of person signing)