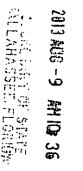
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

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COVER LETTER

TO! Registration Section Division of Corporations
SUBJECT: Hammer & Vol Holdings, 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:
<u>Jarrod D. Wallace</u> Name of Person
Hammer & Vol Holdings, LLC
125 S. Interlachen Avenue Unit 3
Winter tark, the said
City/State and Zip Code Uptown parkwine bar a gmail. com E-mail address: (to be used for future annual report not Mication)
For further information concerning this matter, please call:
Jarrod D. Wallace at (321) 319 - 0997 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$\$\$30.00 Filing Fee & \$\square\$\$\$\$\$55.00 Filing Fee & \$\square\$
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Hammer & Vo	of Holdings, LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number \(\bigcup \lambda \l	Company were filed on Dec. 5, 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the designation "LLC" or the appreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	d 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Gavin Hatcher	125 S. Interlachen Avenue	_ X Add
		Unit 3	Remove
		Winter Park, FL 32789	_
			Add
			Remove
			_
		.i.	HAdd
		· · · · · · · · · · · · · · · · · · ·	Remove
			— — — — — — — — — — — — — — — — — — —
			Remove
			_
			Add
			Remove
			_
			_ Add
			Remove
			_

). If an	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated _	August 7, 2013.
	Jawa (A Wallace
	Signature of a member or authorized representative of a member
	Jarrod D. Wallace
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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