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COVER LETTER

, TO: ' **Registration Section Division of Corporations**

Gorilla Motor Works, 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:

Diana Hammer

Name of Person

Gorilla Motor Works, LLC.

Firm/Company

12485 44th St N Unit A

Address

Clearwater, FI 33762

City/State and Zip Code

gorillamotorworks@live.com

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

For further information concerning this matter, please call:

Diana Hammer

727 954 3957
Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee. Certificate of Status & 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

Gorilla Motor Works, LLC.			- <u>-</u>		
(<u>Name of the Limited I</u> (A)	L <mark>iability Comp</mark> Florida Limited	pany as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number L08000100152	bility Compar	ny were filed on Oct. 2	3rd 2008	and assi	gned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited lia	bility company here:			
Hammer Brand, LLC.					
The new name must be distinguishable and end with "L.L.C."	the words "Lir	nited Liability Company,"	the designation "		bbreviation
Enter new principal offices address, if applica	ble:	N/A		APR AHA	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)			SSE I	
				me ne	TT:
Enter new mailing address, if applicable:		N/A		STATE LORIO	
(Mailing address MAY BE A POST OFFICE B	3OX)			1>	
B. If amending the registered agent and/or the new registered offi			records, enter	the name of	f the new
Name of New Registered Agent:	Ofir Yoge	V			
New Registered Office Address:	2840 W. E	Bay Dr. #256			
		Enter I	Florida street add	dress	
	Largo		, Florida <u></u>	3770	
		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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		-	
			_
			Add
			Remove
		- IA	
		ASSEE.	
		FLORDA	Rentote
			Remove
		·	_
			Remove
			Add
	-		
			Remove

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 ······································
 Signature of a member or authorized representative of a member
Dian-Hawner Typed or printed name of signee
 Typed or printed name of signee

Filing Fee: \$25.00

2013 APR 17 FR & 9
SECRETARY OF STAT