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COVER LETTER

SUBJECT:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
, , , , , , , , , , , , , , , , , , , ,	Lawrence Denmark		
		Name of Person	- -
	Hammer Commercial Serv	vices LLC	
		Firm/Company	
Division of Corporations	1715 Cape Coral Parkway	West#8	
		Cape Coral, Fl 33914	
	·····	City/State and Zip Code	
	: =		262
For further information			(mon)
Lawrence Denmark			
Nanic	e of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	r the following amount:		· · · · ·
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			on
		Division of Corne	

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hammer Commercial Services LLC			
(<u>Name of the Limited I</u> (A l	Jability Company as it now appears on our records.) Florida Limited Liability Company)		_
The Articles of Organization for this Limited Liabi	lity Company were filed on December 17, 2008	and	assigned
Florida document number L08000115563			
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation	"LLC."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>		
	stered office address on our records, <u>enter the na</u>	me of the	new registere
agent and/or the new registered office address h	<u>ere</u> :	5	021
SI CAL DATA IA			
Name of New Registered Agent:		- <u> </u>	<u></u>
New Registered Office Address:	Enter Plant, American Lin	<u>: : : : : : : : : : : : : : : : : : : </u>	
	Enter Florida street address		CI T
-	, Florida, Florida	; Zip Ca	odu.
	C.ú.	; zap Ca	arc.

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Carol Neubaur	1715 Cape Coral Parkway W. #8	= Add
		Cape Coral, Fl 33914	□Remove
			□Change
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	fective date, if other than the date of filing:	(optional)	
fective date, if other than the date of filing:	an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable statu ocument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to tory filing requirements, this date will not be	605.020 listed a
in 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 605,020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	revered emocities a debased officerive data, but not an officerive time, at 12	(A) a monocha portion of (b). The With day	after the
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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 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed accument's effective date on the Department of State's records. The decord 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 is filed.			

Filing Fee: \$25.00

Typed or printed name of signee