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SECRETARY OF SIALION OF CORPORATION

COVER LETTER

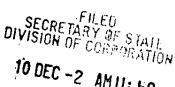
TO:	Registration Section Division of Corporations
SUBJI	ECT: KD HAMMER + ASSOCIATES LLC Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Katelynn Nammer Name of Person
	KO Hammer HC Firm/Company
	4945 SW Bimini Circle S. Address
	PALM CITY FL 34990 City/State and Zip Code Kdhammer pac @ aol. com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Katelynn Namer at (931) 561-3793 Name of Person Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\ \text{S60.00 Filing Fee, Certified of Status & Certified Copy (additional copy is enclosed)} \text{\$\ \text{Certified Copy (additional copy is enclosed)} \$\ \text{Certified Copy (additional copy is enclo

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**



,			,	AMII: 49
KD HAM	MER &	t Associ	ates, U	<u>C</u>
(Name of the Limited Liab (A Flori	ida Limited Lial	bility Company)	s on our records.	
The Articles of Organization for this Limited Liability	ity Company w	ere filed on	1/17/201	and assigned
Florida document number <u>L100001198</u> ;			•	
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabilit	ty company here	<u>e</u> :	
The new name must be distinguishable and end with the	LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited	d Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	:	N/A		
(Principal office address MUST BE A STREET AL		· · · · · · · · · · · · · · · · · · ·		
	•	./.		
Enter new mailing address, if applicable:		NA		
(Mailing address MAY BE A POST OFFICE BOX	Ω .			
	-	<u></u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office:		e address on o	ur records, <u>ente</u>	r the name of the new
Name of New Registered Agent:	N/A	··		
New Registered Office Address:	NA			
	-	Ent	ter Florida street a	ddress
_			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Regist	stered 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						
Title .	Name	Address	Type of Action			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amen	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	SECRETAR SECRETAR DIVISION OF C 10 DEC -2			
			ORFORATION			
Dated	11/25 , 201	10.	_			
	KATELYNI	r or authorized representative of a member N HAMMER or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00