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MAR 1 9 2013 T. HAMPTON

COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT: HAMINERHEAD TRINI & FINISH 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:

JASON WEBER
Name of Person Name of Person

HAMMECHEAD THM FAMSH UC

Firm/Company

B418 SW 15 th PLACE

Address

CAPE CORAL F1. 33914

City/State and Zip Code

JWEBER 35672 & GMIAIL CON4

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

For further information concerning this matter, please call:

 JASON
 WEBER
 at (239)
 699 - 2977

 Name of Person
 Area Code & Daytime Telephone Number

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

<u>HAMMERHEAD</u>	TRIM & FINI	SH LLC
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability of Florida document number \(\begin{aligned} \frac{\lambda/10000/b905}{\lambda} \end{aligned}\)	Company were filed on	national and ssigned and ssigned and ssigned and ssigned and ssigned and spice and spi
This amendment is submitted to amend the following:		PH
A. If amending name, enter the new name of the lin	nited liability company here:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	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 ade		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r Florida street address
	C'-	, Florida
	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
MGRIN	WILLIAM HAMBY	11010 Adrian St.	Add
		port Charlotte FL 33952	Remove
		33952	
			Add
			Remove
			55.6 DIVISA 13 M
			— 第 2
			FILED TARRED RESPO
			PH 1:49
			Add
			Remove
			Add
			Remove
			Add
			Remove
		i	

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ed	MARCH 11 2013
	Aan 1 Dan
	Signature of member or authorized representative of a member ASON WEBER
	Typed or printed name of signee

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Filing Fee: \$25.00

DIVISION OF CORPORATIONS
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