

L11000136472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AUG 13 2013

A. LUNT

Office Use Only



300250307243

08/09/13--01008--002 **25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2013 AUG -9 AM 10 36

FILED

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:

Jarrood D. Wallace
Name of Person

Hammer & Vol Holdings, LLC
Firm/Company

125 S. Interlachen Avenue Unit 3
Address

Winter Park, FL 32789
City/State and Zip Code

uptownparkwinebar@gmail.com
E-mail address: (to be used for future annual report notification)

2013 AUG -9 AM 10:36
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Jarrood 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
- \$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**

Hammer & Vol Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Dec. 5, 2011 and assigned Florida document number L11000136472.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2011 DEC -9 AM 10:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address 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 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
MGRM	Gavin Hatcher	125 S. Interlachen Avenue	<input checked="" type="checkbox"/> Add
		Unit 3	<input type="checkbox"/> Remove
		Winter Park, FL 32789	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 08-10-09 BY 60322
 UCBA/STP/STP

FILED
 2015 AUG 10 10 36 AM
 10

D. If appending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 7, 2013.

Jarrod D. 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

2013 AUG -9 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED