

L13000030195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRH

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Big Mouth Local FHL 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:

David Hammer

Name of Person

Big Mouth Local FHL LLC

Firm/Company

4830 West Kennedy Blvd, Suite 600

Address

Tampa, FL 33607

City/State and Zip Code

dhammer@hammerbiz.com

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

For further information concerning this matter, please call:

David Hammer

Name of Person

at ()

Area Code

813 7862620

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**

Big Mouth Local FHL 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 02/27/2013 and assigned
Florida document number ~~L130000301~~ L 130000 30195

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)

Big Mouth Local FHL LLC attn David Hammer

4830 West Kennedy Blvd., Suite 600

Tampa, FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Big Mouth Local FHL LLC attn David Hammer

4830 West Kennedy Blvd., Suite 600

Tampa, FL 33607

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:

David E. Hammer

New Registered Office Address:

4830 West Kennedy Blvd., Suite 600

Enter Florida street address

Tampa

City

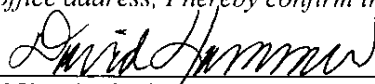
Florida

33607

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 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 Changing Registered Agent, Signature of New Registered Agent

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SECRET
OFFICE OF THE
CLERK OF THE
SUPREME COURT
JUL 30 2013
TAMPA, FL 33602

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>David Hammer</u>	<u>4830 W. Kennedy Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 600</u>	<input type="checkbox"/> Remove
		<u>Tampa, FL 33607</u>	
<u>MGR</u>	<u>Mitchell Hammer</u>	<u>4830 W. Kennedy Blvd.</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 600</u>	<input type="checkbox"/> Remove
		<u>Tampa, FL 33607</u>	
<u>MGR</u>	<u>Guy Holliday</u>	<u>4830 W. Kennedy Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 600</u>	<input type="checkbox"/> Remove
		<u>Tampa, FL 33607</u>	
<u>MGR</u>	<u>Big Mouth Sales USA LLC</u>	<u>333 Las Olas Way Ste 2303</u>	<input type="checkbox"/> Add
		<u>Ft Lauderdale, FL 33301</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	
		<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
		<u></u>	

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 30, 2014



Signature of a member or authorized representative of a member

David Hammer

Typed or printed name of signee

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Filing Fee: \$25.00

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