

L130000 80882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

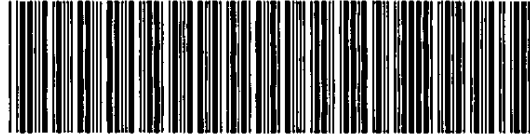
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900286855779

06/16/16--01021--020 **30.00

FILED
16 JUN 16 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2016

Y SULKER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Hammer Arms 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:

John H. Cathell

Name of Person

Hammer Arms LLC

Firm/Company

PO Box 1563

Address

Niceville, FL 32578

City/State and Zip Code

john@hammer-arms.com

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

For further information concerning this matter, please call:

John H. Cathell

Name of Person

850 682-5000
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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 Arms 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 June 4, 2013 and assigned
Florida document number L13000080882.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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> |
|--------------|----------------|----------------------|--|
| AMBR | Nick Johnson | 5307 Mt. Olive Rd | <input type="checkbox"/> Add |
| | | Crestview, FL 32539 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Steven Goraum | 1153 Bayshore Dr | <input checked="" type="checkbox"/> Add |
| | | Valparaiso, FL 32580 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Ronald Shenkel | 132 Poplar Dr | <input checked="" type="checkbox"/> Add |
| | | Niceville, FL 32578 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
JUN 6 PM 1:12
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

16 JUN 16 PM 11:01
SECRETARY OF STATE
ALLAHASSEE, FLORIDA


FILED
16 JUN 16 PM 4:12
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 12 June, 2016


Signature of a member or author

Signature of a member or authorized representative of a member

John H Cathell

Typed or printed name of signee