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SECRETARY OF STATE

COVER LETTER

SUBJECT: 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:	
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:	
·	
SANDRA HACKETT	Name of Limited Liability Company If Articles of Amendment and fee(s) are submitted for filting. It all correspondence concerning this matter to the following: SANDRA HACKETT Name of Person HAMMOND ENTERPRISES UNLIMITED LLC Firm/Company 1202 SW 17TH STREET. #201-229 Address OCALA, FL 34471 City/State and Zip Code accounting@myadvancedpt.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: IACKETT Name of Person Area Code Daytime Telephone Number a check for the following amount:
· · · · · · · · · · · · · · · · · · ·	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of St (additional copy is enclosed) Certified Copy	atus &

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

HAMMOND ENTERPRISES UNLIMIT		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L15000197008		and assigned
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 "L.L.C."
Enter new principal offices address, if applicable	:	
Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	-
B. If amending the registered agent and/or r registered agent and/or the new registered office:		r the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
-	, Florida	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>	Type of Action
Mgr	CARA HAMMOND	1202 SW 17TH STREET #201-229, OCALA, FL 34471	■ Add
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ffective date, if other than the d an effective date is listed, the date must lote: If the date inserted in this blocoument's effective date on the Dep	e specific and k does not r	d cannot be pr meet the app	licable statuto			ing.) Pursuant to 6	
e record specifies a delayed The 90th day after the reco			not an effe	ctive time, a	it 12:01 a.r	n. on the ear	lier of
November 29th		. 2018					
				ner entative of a me			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00