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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

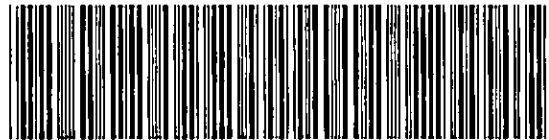
(Business Entity Name)

(Document Number)

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18 DEC -5 AM 8:14

SECRETARY OF STATE
DIVISION OF CORPORATIONS

12/05/18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAMMOND ENTERPRISES UNLIMITED 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:

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)

For further information concerning this matter, please call:

SANDRA HACKETT

at (352) 693-3378
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

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>
Mgr	CARA HAMMOND	1202 SW 17TH STREET #201-229, OCALA, FL 34471	<input checked="" type="checkbox"/> Add
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

18 DEC -5 AM 8:14

STAFF OF THE
DIVISION OF CONSPIRACY

18 DEC -5 AM 8:14

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 November 29th, 2018

Lester Hammond, Managing Partner

Signature of a member or authorized representative of a member

LESTER HAMMOND

Typed or printed name of signee