47000003728

(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



600311673766

04/17/18--01030--001 **25.00

2010 APR 17 PM 2: 51
SECRETARY OF STATE

COVER LETTER

TO:		stration Section of Corp			
CUD IE			AND NAIL, LLC		
SUBJEC	uri.		Name of Limi	ited Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please re	eturn	all correspon	dence concerning this matter	to the following:	
			BRYAN J. YARNELL, ES	SQ.	
			7 Th	Name of Person	
			YARNELL NIEVES		
				Firm/Company	
			712 U.S. HWY - ONE, ST	E. 301-24	
				Address	
			NORTH PALM BEACH, I	FL 33408	
			ESERVICE@CIVILLAWF		
			E-mail address: (t	to be used for future annual report notifica	ition)
For furth	er in	formation cor	ncerning this matter, please ca	all:	
BRYAN	N J. Y	ARNELL		561 336-6222 at ()	
		Name of I	Person	Area Code Daytime T	elephone Number
Enclosed	d is a	check for the	following amount:		
\$25.0	00 Fi	ling 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:

TO:

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 AND NAIL, 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 01/01/18 and assigned Florida document number L1700063728 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." 12700 Whitby St. Enter new principal offices address, if applicable: Wellington, FL 33414 (Principal office address MUST BE A STREET ADDRESS) 13833 Wellington Tr., St. E4 -Box 229 Enter new mailing address, if applicable: Wellington, FL 33414 (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

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
MGR	PETER PETRONE	13833 WELLINGTON TRC	
		WELLINGTON TRC, FL 33414	■ Remove
			Change
MGR	MICHAEL ILLSLEY	12700 WHITBY ST.	■ Add
		WELLINGTON, FL 33414	□ Remove
			Change
			Add
			Remove
			Change
			
			☐ Remove
		 	Change
			Remove
			Change
			Add
		· ·	☐ Remove
			□ Change

		WDA	.					
					•			
								
_	, , , , , , , , , , , , , , , , , , , ,				<u>,</u>			
_								
			<u> </u>			•	•	
_				·		<u> </u>		
				· · · · · · · · · · · · · · · · · · ·			F.	2016
	·····						A.	A Pop
						77	ASS.	8 -
							1,5	• L
	(180-1-18)						102 X	
_							5	
		- Mn		······································				
f an effec Note: I	e date, if other than tive date is listed, the dat the date inserted in that it's effective date on t	must be specifi is block does	ic and cannot be not meet the a	prior to date of fi pplicable statut	ling or more than 9 ory filing require	(option : 0 days after fili	ng.) Pursuant t	o 605.0207 (e listed as t
The 9	rd specifies a del 0th day after the	record is fil	ve date, bu led.	t not an effe	ective time, a	: 12:01 a.n	n. on the e	arlier of:
Dated	4/16/18	\int_{I})	·				
	/1	// /						

Page 3 of 3

Filing Fee: \$25.00