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## **COVER LETTER**

The Ratch SUBJECT:	et Hatchet LLC.		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	`Amendment and fee(s) are subm	sitted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	David L Woodrow		
	<del></del>	Name of Person	
	The Ratchet Hatchet LLC.		
		Firm/Company	
	194 Brewer Circle		
		Address	<del></del>
	Mary Esther, FL 32569		
	·	City/State and Zip Code	
	hoosier2nd@gmail.com		
	E-mail address: (to	be used for future annual report notif	leation)
For further information	concerning this matter, please cal	1:	
David Woodrow		850 461-6478	
Name	of Person	Area Code Daytime	e 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:

'TO: Registration Section Division of Corporations

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

The Ratchet Hatchet, 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  $\frac{03/07/2018}{1}$ and assigned Florida document number <u>L1800</u>0062234 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 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

## 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	Steven J Garcia		□ Add
		194 Brewer Circle	■ Remove
		Mary Esther, FL 32569	Change
			Remove
			□ Change
			25 Remove
		***************************************	Change
		<u> </u>	Remove
			Change
			Remove
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			□ Add
		<del> </del>	☐ Remove
			Change

If amendi	ing any other inf	ormation, enter c	:nange(s) here:	(Attach addition	iai sneets, if ne	cessary.)	
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Effective (	date, if other tha	n the date of filin	ıg:		(opt	ional)	
fan effectiv <u>Note:</u> If tl	ve date is listed, the da he date inserted in	ite must be specific and	d cannot be prior to meet the applical	date of filing or mor	e than 90 days afte	er filing.) Pursuant to 60 iis date will not be lis	
		layed effective of record is filed.		an effective tir	ne, at 12:01	a.m. on the ear	lier o
Dated <u>Z</u>	018.07	7.20	.2018	· - · / /			
		-0/2	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	W		<u> </u>	
		Signature of a	member or author	ized representative o	f a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00