

(Requestor's Name)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:	Registration Section
	Division of Corporation

SUBJECT:	HERES & HAMMINE	R CONSTRUCTION, LLC				
	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	S	ANDRA CHARPENTIER				
		Name of Person				
	HEELS &	HAMMER CONSTRUCTION, LLC	2			
		Firm/Company				
		17520 PLACIDITY AVE				
		Address				
		CLERMONT, FL 34714				
		City/State and Zip Code		<u>-⊣</u> ™	202	
		sandracharps@icloud.com to be used for future annual report notifies	otion	ALE ALE	200	
For further information of	concerning this matter, please e		зион	TA TY AHAS	<u>ရာ</u> မ	eran e e kep [
SANDRA CI	HARPENTIER	514 779-0485			P# 3: 4	ivani d :3
Name (of Person	Area Code Daytime T	'elephone Number	777	17	
Enclosed is a check for t	he 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 Fil Certificate Certified (additional o	c of Status Copy		

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TIERLS & HAMINER CONSTRUCTION,		
 -	(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ears on our records.) y)	
The Articles of Organization	1210014002	MARCH 31, 2021	and assigned
This amendment is submitted	ment numberL21000149893		
A. If amending name, ente	r the new name of the limited liability company	here:	
The new name must be distinguish	able and contain the words "Limited Liability Company," th	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices	address, if applicable:		
Principal office address M	UST BE A STREET ADDRESS)		20 21 mg
			54 a
Enter new mailing address.	, if applicable:		
Mailing address MAY BE 2	A POST OFFICE BOX)		
			L: 7
		r records, <u>enter the nam</u>	e of the new registe
Name of New Regi	stered Agent:		
New Registered Of			
	Enter F	lorida 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>	Type of Action
AMBR	JUSTIN SIMARD	17520 PLACIDITY AVE	
		CLERMONT, FL 34714	≣ Remove
			□Change
AMBR	ANNDYA SIMARD	17520 PLACIDITY AVE	□Add
		CLERMONT, FL 34714	Remove
			∐Change
			∐Add
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n effective da o <u>te:</u> If the da	e, if other than te is listed, the date ate inserted in thi fective date on th	must be specific a s block does no	and cannot be prior t meet the appli	cable statutory	or more than 90	(optional) days after filing ents, this date	.) Pursuant	Lto 605,02 be listed a
ecord specifi	ies a delayed effe	ctive date, but r	iot an effective i	ime, at 12:01 a	o.m. on the earl	ier of: (b) Ti	he 90th da	iy after th
is filed.	JULY 27		2021	·				
	JOLA 27							
ted	(₹					