L21000381693

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10/2/500

COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
SUBJECT: HAMM	Name of Lim	nisportation LL ited Dability Company	<u>C</u>
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TURDELL S	Name of Person	
	HAMMER HEAD	63 TRANS DERENTI	on LLC
	1710 NW 1	O G S i Address	······
	Minmi Fl	33167 City/State and Zip Code	·
	Min Harris 20 E-mail address: (1	to be used for future annual report not	fication)
For further information	concerning this matter, please ca	all:	
Turnell Si	m mo N S of Person	at (<u>7%6) 444</u> Area Code Daytim	- 2683 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 Addre Registration		<u>Street Address:</u> Registration Se	ction
•	Corporations	Division of Cor	
P O Box 63	27	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compan (A Florida Limited Liability Compan (A Florida Limited Liability Compan)	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L'21003\$1693</u> .	were filed on $\frac{8/23/2/}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil Hammer Hear 63 Transportation The new name must be distinguishable and contain the words "Limited Liability"	LLC y Company," the designation "LLC" or the ab	
Enter new principal offices address, if applicable:	1710 NW 10854 Minmi F/ 33.	
(Principal office address MUST BE A STREET ADDRESS)	Minmi F/ 33	67
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office ac	ldress on our records, <u>enter the nam</u>	e 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	17
	Florida	
	City	Zip Còile
New Registered Agent's Signature, if changing Registered Agent:		CD

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 hanging Registered Igent, 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
AMBR	TURDELL SIMMONS	1710 N.W 10851	# Xdd
		Miami Fl 33167	□Remove
			□Change
MGR	Jermaine Simmons	1710 NW 1085+	□Add
		MIAM; F) 33167	Remove
			□Change
MGR	Alexandria Streeter	1710 N.W 10B St	□Add
		Minmi Fl 33167	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

). 11 AO	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	Rective date, if other than the date of filing: September 16 2021 (optional) flective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the rece	ord 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 filed.
Date	SEptember 16 2021
	Index In
	Signature of a member or authorized representative of a member Turnell 5: mm ems Typed or printed name of signee
	TURDELL S'MMENS