

L22000068837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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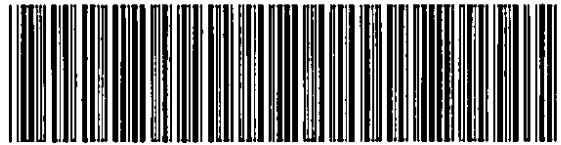
(Business Entity Name)

(Document Number)

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CLERK OF STATE
DIVISION OF CORPORATIONS
22 APR -6 PM 3:23

T. MATTHEWS

APR 20 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hammock Lane 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:

Brittany L. Rhodes

Name of Person

Hammock Lane LLC

Firm/Company

4595 NW 48th Lane

Address

Ocala FL 34482

City/State and Zip Code

hammocklanestr@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany L. Rhodes

Name of Person

at (717) 381-7380

Area Code

Daytime 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:

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

22 APR -6 PM 3: 23

Hammock Lane, 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 February 9, 2022 and assigned
Florida document number L22000068837.

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."

Enter new principal offices address, if applicable:

4595 NW 48th Lane

(Principal office address MUST BE A STREET ADDRESS)

Ocala, FL 34482

Enter new mailing address, if applicable:

4595 NW 48th Lane

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, FL 34482

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:

Brittany L. Rhodes

New Registered Office Address:

4595 NW 48th Lane

Enter Florida street address

Ocala


City

Florida 34482

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>	<u>Type of Action</u>
<u>AMBR</u>	<u>Rebecca Ratte</u>	<u>6925 SW 22nd Street</u>	<input type="checkbox"/> Add
		<u>Ocala, FL 34474</u>	<input checked="" type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> Add
		<u></u>	<input type="checkbox"/> Remove
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		<u></u>	<input type="checkbox"/> Remove
		<u></u>	<input type="checkbox"/> Change

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

Would like to remove Rebecca Ratte as registered agenda, principal office, and mailing address.

Requesting change in email address to hammocklanestr@gmail.com for all future correspondence.

Have included 'Surrender of Membership Interest'

E. Effective date, if other than the date of filing: March 31, 2022

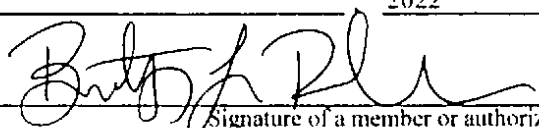
(optional)

(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 April 2 2022


Signature of a member or authorized representative of a member

Brittany L Rhodes

Typed or printed name of signee