L22000336305

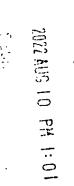
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COVER LETTER

	gistration Sectivision of Corpo			• ,	•	,
CUD II CT.		ESTMENTS, LLC			•	r
SUBJECT:		Name of Limit	ed Liability Company			
The enclose	d Articles of An	nendment and fee(s) are subn	nitted for filing.			
Please retur	n all correspond	ence concerning this matter to	o the following:			
		Selma Hidic				
			Name of Person			
		Debbie's Accounting Service	ce. Inc			
			Firm/Company			
		3575 Southside Blvd				
			Address			
		Jacksonville, FL 32216				
			City/State and Zip Code			
		selmahidic@aol.com				
			o be used for future annual re	eport notificati	ionj	
For further	information con	cerning this matter, please ca	ill:			
Selma Hid	ic		at ()	-4547		
	Name of P	erson	Area Code	Daytime Te	lephone 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 encl.		Certified	te of Status &

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**



2022 AUG 10 PH 1: 01

HAMILL INVESTMENTS, LLC	70	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our r	ecords.)
(AT IOTHE SHIRES BILE	m, company,	
The Articles of Organization for this Limited Liability Company we	ere filed on 07/29/2022	and assigned
Florida document number L22000336305		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	v company here:	
HAMMILL INVESTMENTS, LLC		
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:		
(Principal office address MUST BE A STREET ADDRESS)		
Trincipal office address facility of Astronomy		
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
-		
	1	anton the name of the new registered
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	aress on our records,	enter the name of the new registered
agent and/or the new registered writes neares.		
N. D. L. Harris		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	adaress
		, 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>	Address	Type of Action
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			□Remove
			Change
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fective date, if other than the date must one effective date is listed, the date must one: If the date inserted in this block cument's effective date on the Department.	k does not meet the	e applicable stat	filing or more that utory filing requ	(option 90 days after rements, this	onal) filing.) date v	Pursuant vill not l	to 605.02 be listed
record specifies a delayed effective is filed.	date, but not an effe	ective time, at 1	2:01 a.m. on the	earlier of: (b) The	90th da	ıy after th
August 8 A-2 H-	2022	2					
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Filing Fee: \$25.00