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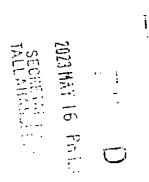
(Requestor's Name)
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☐ PICK-UP ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER

Registration Section Division of Corporations

TO:

Thors Hann	mer Demolition LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tyler Rudow		
	***************************************	Name of Person	
	Thors hammer Demolition		
		Firm/Company	
	2181, Cape Heather Circle		
		Address	
	Cape Coral Florida 33991		
		City/State and Zip Code	
	Tyler@thorshammercoating:	s.com	
	E-mail address: (t	to be used for future annual report notif	lication)
For further information c	oncerning this matter, please ca	all:	
Tyler Rudow		630 3986603 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5 Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF OF Property of Property of the Pro

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Thors Hammer Demolition Ile

(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 1-06-23	and assigned
Florida document number 1.23000016861		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Thors Hammer Coatings IIc		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	1616 W. Cape Coral Pkwy Su	ito 102 #217
Enter new mailing address, if applicable:	Toto w. Cape Colai i kwy 3u	IC 192 #217
(Mailing address MAY BE A POST OFFICE BOX)	-	
B. If amending the registered agent and/or registered office :	address on our records, ente	r the name of the new registered
agent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
	, F	lorida
	City	lorida 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 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
			
			□Remove
			Change
			
			Remove
			Change
 -			
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

	
Note: If the	late, if other than the date of filing:
ne record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated May	2023
-	Signature of a member or authorized representative of a member
	Color Dudou
	Tyler Rudow

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