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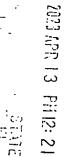
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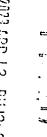
Office Use Only



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COVER LETTER

TO: Registration Se Division of Co		
SUBJECT: C	Ragrass in the Hammack LLC Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Cludal Brown Name of Person	
	Firm/Company	
	2320 Woodlait Way	
	Signal MM TW 37377 City/State and Zip Code Rendall Walls brown a gmail. Com E-mail address: (to be used for future annual report potification)	
	Rendall Wall's brown (a gmail. Com E-mail address: (to be used for future annual report polification)	
For further information c	oncerning this matter, please call:	20
Kenilall S		
Enclosed is a check for the	ne following amount:	F117:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee: Certificate of Status Certified Copy (additional copy is enclosed) 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

Sea (Name of the Limited Liability Compa (Name of the Limited Liability Compa (A Florida Limited I	Hammou	k LLC
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L2300009012.6}{}$ This amendment is submitted to amend the following:	were filed on $\frac{2}{I}$	$\frac{1}{2}$ and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Kendoll &	Brown
(Principal office address MUST BE A STREET ADDRESS)	232 W. Signal M	Brown Oodlast Wry M N 37377
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new registered
New Registered Office Address:	Enter Florida street a	ddress
		Planta
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

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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	ate, if other th	an the date of	filing:	sor to data of filing o	f man than 100 days	ptional) agar Gina \ Purs	ant to 605 020
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Filing Fee: \$25.00