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(Requestor's Name)					
(Address)					
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(City/State/Žip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations			
	Real Estate Services LLC			
SUBJECT:	Name of Lin			
				21
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	-	023 J
Please return all correspo	ondence concerning this matter	to the following:	:	2023 JUN 21 PM
	Cole Asher Hammack			
		Name of Person		∵
				- <u>6</u>
		Firm/Company		
	876 Foresteria Avenue			
		Address		
	Wellington FL 33414			
		City/State and Zip Code		
	ColeAHammack@gmail.co	nn to be used for future annual report no	outication)	
For further information c	oncerning this matter, please o	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Cole Asher Hammack		561 906-7372 at()		
Name of Person			ime Telephone Number	
Enclosed is a check for the	ne following amount:			
量 \$25.00 Filling Fee	□ \$30.00 Filing Fee &	S55.00 Filing Fee &	□ \$60,60 Fil	_
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certified	e of Status & Copy copy is enclosed)
Mailina Adda		Sa 1 J.J		
Mailing Address: Registration Section		Street Address: Registration S	Section	
Division of Corporations		Division of Co	orporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 JUH 21 PH 2

Hammack Real Estate Services 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 $\frac{6/14/2023}{1}$ and assigned Florida document number 1.23000288793 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cole Asher Hammack 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cirv

Enter Florida street address

. Florida

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>	Name	Address	Type of Action
			— PRemove PBChange ?: 4
			Remove
			□Change
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (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

June 15

Signature of a member or authorized representative of a member

Cole Asher Hammack

Typed or printed name of signee

Filing Fee: \$25.00