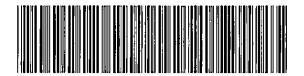
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## **COVER LETTER**

TO: Registration So Division of Cor			
Hammock SUBJECT:			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Eric McCorkle		
		Name of Person	
		Firm/Company	
	2025 NW Embers Ter		
		Address	<del></del>
	Cape Coral, Ft., US 33993		
		City/State and Zip Code	
	eriemecorkle30@yahoo.com	n to be used for future annual report no	ni (francisca)
For further information c	concerning this matter, please c	·	meation
Eric McCorkle		813 482-3693 at ()	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	555,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address: Registration So	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monre	oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hammock Pines LLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our recon Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company	were filed on June 26, 2023	and assigned
Torida document number L23000306515		
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	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)		₹ 1
Inter new mailing address, if applicable:	- <u>-</u>	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
<ol> <li>If amending the registered agent and/or registered office a</li> </ol>	address on our recards, ente	r the name of the new regi
gent and/or the new registered office address here:	idditiss on our records, <u>ente</u>	The name of the new regi
Name of New Registered Agent:		<del> </del>
New Registered Office Address:	······································	
	Enter Florida street addre	ess.
		lorida
	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 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

Title	<u>Name</u>	Address	Type of Action
MGR	Terry McCorkle	4205 Sinclair Place	
		Land O Lakes, FL. US 34639	□ Remove
			□Change
			[]Add
			□ Remove
			□Change
	<del></del>		□Add
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			□Remove
			□Change

<del></del>	
_	
ffective	date, if other than the date of filing: (optional)
<u>lote:</u> If i	we 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record s d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	May 14th 2024.  Esta Max  Signature of a member or authorized representative of a member

Typed or printed name of signee