L23000354343

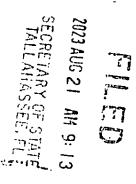
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Special Instructions to	Filing Officer.	





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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations	. 5		_	•
	Hammerhea	nd Paint Works LLC		•	•	
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	I Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	indence concerning this matter	to the following:			
		Johnathen Galen Sardone				
			Name of Person		_	
		Hammerhead Paint Works	LLC			
Firm/Company						
		801 SW Genral Patton Ter	race			
			Address			
		Port St. Lucie, FI, 34953				
			City/State and Zip Code		_	
		HammerheadPaintWorks@	=		S N	
		E-mail address: (to be used for future annual report notif	ication)	023, ECR	
For further it	nformation c	oncerning this matter, please c	all:		2023 AUG 21 SECRETARY TALLAHAS	<u>. 1</u>
Johnathen Sa	ardone		772 812-0453		27 27 27 27 27 27 27 27 27 27 27 27 27 2	ing. LF
		f Person		: Telephone Numbe	MM 9: 13	Parker of the Pa
Enclosed is a	a check for th	ne following amount:				
□ \$25.00 I	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certific	ate of Status &	
Re	illing Addres gistration S vision of C		Street Address: Registration Sec Division of Cor			
). Box 632		The Centre of T			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hammerhead Paint Works 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 $\frac{07/27/2023}{1}$ and assigned Florida document number L23000354343 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: N/A (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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address N/Λ , Florida ^{N/A}

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.

Ciry

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
MGR	Johnathen Galen Sardone	801 SW General Patton Terrace	■Add
		Port St Lucie,Fl 34953	□Remove
			□ Change
			□Remove
			□Change
		□Add	
			SECRETARY OF STATE AND STATE Remove
			□Change
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more: Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.		
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on tord is filed.	he earlier of: (b) The 90th day a	fter the
Dated <u>August 15, 2023</u> . Java Signature of a member or authorized representative of a		
ja ia granc		
Signature of a member or authorized representative of a factor of a member of authorized representative of a factor of a facto	a member	

Filing Fee: \$25.00