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SECRETARY OF STATE
FALL AHASSEE, FLORID,

D. BRUCE AUG 1 2 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Hammock Construction Company, L. L. C. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deborah K. Rogers Name of Person
Hammock Construction Company, L.L.C
21 Ocean Ridge Blvd. S.
Palm Coast FL 32137 PS 35 T
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah K Rogers at (386) 446-4021 & S. Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hammack Constru (Name of the Limited Liability ((A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L9900004436</u>	mpany were filed on July 14, 1999 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
Hammack Couture I The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	sanc
(Principal office address MUST BE A STREET ADDRE	ZSS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AUG I PH I: CAHASSEE, FLOR
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, enter the name of the newest here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Degistered Agent's Signature if changing Degistered	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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

<u>le</u> .	<u>Name</u>	Address	Type of Action
			Add Remove
			
<u></u>			-
···			
			Remove
If amer	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if	
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- - ed	August 10, 2	2009	ARY OF STATE SSEE. FLORIDA

Page 2 of 2

Filing Fee: \$25.00