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EXAMINER

COVER LETTER

TO: Registration Section . , Division of Corporations
SUBJECT: Lappy Home Fquily Londing ((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:
Higuel Salgueire (Name of Person)
Happy Home Eguly Londing
16400 NW 5946 Auce (Address)
MIAMI LAKES FL 33014 (City/State and Zip Code)
For further information concerning this matter, please call:
Mignel Salguein at (305) 3642462 SE TO (Area Code & Daytime Telephone Numbers of Person)
(Name of Person) (Area Code & Daytime Telephone Number)
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additio

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAPPY Home	Equity L	.endine LCC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comparing Longon Processing Comparing Longon Processing Comparing Longon Processing Comparing Longon Processing Comparing Comparin	· ·	09-05-2007 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	liability company he	<u>re</u> :	
The new name must be distinguishable and end with the words "L" "L.L.C."	Limited Liability Comp	any," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	16400	NW 59th sue	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Alami (a/ces 70 330/4	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	16400 [1/1AM	NW SET ALLO Lakes FFR 3014	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address in		our records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(E	Enter Florida street address)	
	. Florida		
	(City)	, Florida(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 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 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:

<u>Title</u>	Name	Address	Type of Action
MCRM	Reinalde D Hernander	16710 NW 8407 MIAN. COKES EX 33014	Add Remove
MERM	Juan O. Munoz	16710 MW 84 CT MIAMILARS FL 33016	Add Remove
			Add Remove
			Add Remove
		AHASSEE, FLC	Add Remove
D. If amend	ling any other information, enter change(s	s) here: (Attach additional sheets, if necessary.	Add Remove
<i>A</i>	ne		,
			_
Dated	11-7-2008	AMA)	
	Signature of a metaler of a met	authorized representative of a member Solgue / Ro printed name of signee	

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