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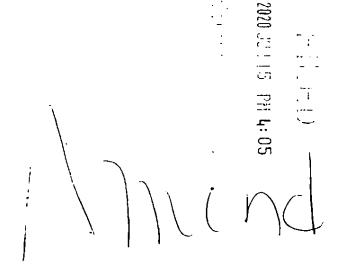
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JUL 25 ZUZU LALBRUTTON

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FL Happy Family Solutions LLC 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:
Lisbel Landrian Diaz
FL Happy Family Solutions LLC
3944 Pine Breeze Rd S
Tacksnville FL 32357  City/State and Zip Code  FLh appy Farmily @gmail. Com  E-mail address: (to be ideal for future annual report notification)
For further information concerning this matter, please call:
Listed Landrian Diaz at (904) 532-0340  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  Z \$25.00 Filing Fee S S30.00 Filing Fee & S60.00 Filing Fee,
Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

#### Mailing Address:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

+L Happy=	Family Solution	15 LLC	
( <u>Name of th<b>d ly</b>impled l</u> (A	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Plorida document number <u>L200010</u>		4/15/2020	and assigned
This amendment is submitted to amend the followi	ing:		
A. If amending name, enter the new name of th	e limited liability company here	:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the desi	gnation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicabl	e:		
Principal office address MUST BE A STREET A	ADDRESS)		
		### ##################################	1021 333
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	<del></del> _
Mailing address MAY BE A POST OFFICE BO	<u></u>		<u> </u>
		•	<u> </u>
			. 05
3. If amending the registered agent and/or regingent and/or the new registered office address h		ords, <u>enter the name</u>	
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida	street address	
_		Florida	
	Chy		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Lisbel Landrian Digz	- 3944 Pine Breeze 2d Tackson 1/1	<u>~_</u>
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D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	(optional) ective 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
f the recor	d 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 ed.
Dated	June 11th 2020
	Signature of a member or authorized representative of a member
	Cornel J. Farrantez Ruiz Typed or printed name of signee