LZ0000272502

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Cortificator	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

Divis	ion of Cor	porations		
SUBJECT:	АМ НАРР,	LLC		
_		Name of Lin	nited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ıll correspo	ndence concerning this matter	to the following:	
		Jennifer Cardinali		
		- Cardinan	Name of Person	
			Name of Person	
		AM HAPP, LLC		
			Firm/Company	172
		1853 Greenhill Drive		
			Address	
		Clearwater, FL 33755		
			City/State and Zip Code	
		ClientCare@TaxGenuity.co		
			to be used for future annual report notific	cation)
For further infe	ormation co	oncerning this matter, please o	all:	
Denise Mensa	-Cohen, EA	·	727 330-3500 at ()	
	Name of	Person		Telephone Number
Enclosed is a c	heck for the	e following amount:		
■ \$25,00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address		<u>Street Address:</u>	
Regi	stration S	ection	Registration Sect	ion

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

TO:

Registration Section

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

AM HAPP LLC		ESERVE TO FA	6: 34
(Name of the Lin	nited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)	
The Articles of Organization for this Limited	Liability Company were file	d on <u>09/01/2020</u>	and assigned
lorida document number 1.20000272502	·		
his amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liability comp	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compan	y," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		·	
Mailing address MAY BE A POST OFFICE	<u> </u>		
			·
			·
 If amending the registered agent and/or igent and/or the new registered office addre 	registered office address or	our records, <u>enter the</u>	name of the new registere
gent and/or the new registered office addri	ess nere:		
Name of New Registered Agent:	TaxGenuity, Incorported		
New Registered Office Address:	1818 Drew Street		
	E	nter Florida street address	
	Clearwater	Florid	a 33765
	Cuy		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 Changing Registered Agent, Signature of New Registered Agent

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>	2020 00 10 Pri 6: 34 <u>Address</u>	Type of Action
AMBR	Craig Hochman	7901 4th Street N Suite 300	□Add
		St Petersburg, FL 33702	Remove
			□Change
			□Add
			□Remove
			□Change
<u></u>			□Add
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			□Change

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(If an effective date is listed, the Note: If the date inserted	than the date of filing: (optional) the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (d in this block does not meet the applicable statutory filing requirements, this date will not be listed as to on the Department of State's records.
the record specifies a delayer ord is filed.	ed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 05	2020
	Signature of a member or authorized representative of a member
Jennifer Cardi	inali

Typed or printed name of signee