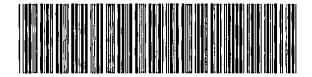
## P16 0000 71007

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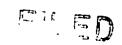
C. GOLDEN JUL 1 6 2019

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: HAPPINESS	S SERVICES CORP			
DOCUMENT NUMBER: P16000071007				
The enclosed Articles of Amendment and fee	are submitted for filing.			
Please return all correspondence concerning the	his matter to the following:			
KAROLINA TORRES	;			
	Name of Contact Person			
KTORRES SERVICES	KTORRES SERVICES CORP			
<del></del>	Firm/ Company			
600 S FEDERAL HW	Y STE 207			
	Address			
DEERFIELD BEACH	F1. 33441			
	City/ State and Zip Code			
KTORRES@KTORRESSER	RVICES.COM			
E-mail address: (to	be used for future annual report notification)			
For further information concerning this matter				
KAROLINA TORRES	at () 3800755			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a cheek for the following amount	made payable to the Florida Department of State:			
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

## Articles of Amendment to Articles of Incorporation of



HAPPINESS SERVICES CORP

2019 JUL -5 PH 6: 17

( <u>Name</u>	of Corporation as currently	filed with the Florid	a Dept. of State)	
P16000071007				
	(Document Number of C	Corporation (if known	1)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corpora	ntion adopts the following amendme	nt(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "C	o". A professional c		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appliance (Mailing address MAY BE A POST)  D. If amending the registered agent and new registered agent and/or the new regist	OFFICE BOX)  id/or registered office addres		he name of the	
Name of New Registered Agent	600 S FEDERAL HWY STI	<del></del>		
New Registered Office Address:	(Florida stree DEERFIELD BEACH		, Florida	
New Registered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Agent: ered agent. I am familiar wit Signature of New Reg	fre.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) X Change	S	ALLAN FERREIRA MARINHO	5500 LYONS RD STE 304
Add			COCONUT CREEK FL 33073
Remove			
2) Change	VP	ISABELLA A DOS S MARINHO	7108 NW 66TH TER
X Add			PARKLAND FL 33067
Remove 3 ) X Change	b	KAMILLA V II MARINHO	5500 LYONS RD STE 304
Add			COCONUT CREEK FL 33073
Remove			
4) Change			
Add			
5) Change			
Add			
Remove			·
6) Change			
Add			
Remove			

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provisions for	nt provides for an implementing the	<u>exchange, reclass</u> amendment if no	ification, or cand t contained in the	<u>cellation of issue</u> e amendment its	<u>d shares,</u> elf:	
(if not app	licable, indicate N/.	1)			<u>· · · · ·</u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment by the shareholders was/were sufficient for approval.	n(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
(By a director, president or other officer – if directors or officers have not bee selected, by an incorporator – if in the hands of a receiver, trustee, or other co-appointed fiduciary by that fiduciary)	n purt
KAMILLA V HENRIQUES MARINHO	
(Typed or printed name of person signing)	
VP	
(Title of person signing)	