L20 CCC 37154C

(Requestor's Name)	_				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only 5; C.
65/16/71



400365436314

05/07/21--01013--008 **25.00

אין ומן ר- און נמן 101 Ph

()

COVER LETTER

	legistration Section livision of Corporations					
CUDIECT.	НАРРҮ НО	RSE LLC				
SUBJECT:		Name of Limi	ted Liability Company			
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	n all correspor	ndence concerning this matter	to the following:			
		Oscar Gastaudo				
	Name of Person					
		Happy Horse LLC				
	Firm/Company					
	7950 NW 53rd Street, Suite 118					
	Address					
	Doral, FL 33166					
		0 1 1 1 1	City/State and Zip Code			
		oscar@gastaudo.com E-mail address: (to be used for future annual report r	notification)		
For further i	information co	oncerning this matter, please ca	all:			
Oscar Gasta	nudo		786 515-8229)		
Name of Person		Area Code Day	time Telephone Number			
Enclosed is	a check for th	e following amount:			© (3)	
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address Registration Division of C The Centre o	Section	ŗ.		
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Happy Horse LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L20000371540 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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>	<u>Address</u>	Type of Action
AMBR	Oscar Gastaudo	7950 NW 53rd Street, Suite 118	= Add
		Doral, FL 33166	🖸 Remove
			□ Change
MGR	Vidal Bada Vazquez	7950 NW 53rd Street, Suite 118	\equiv Add
		Doral, FL 33166	□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Addợ;;
			□Change
			A III 2u
			□ Remove
			□Change