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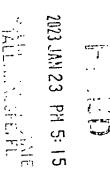
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COVER LETTER

TO: Registration Se Division of Cor			
Sc.	HAPP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MARY E	LAGODNA, CPA	
	Mary E L	_a Godna, PA Firm/Company	
	2546 Fran	nKlin St Address	
		S , FL 33901 City/State and Zip Code	
	marye la	godnacpa, com	fication)
For further information c	oncerning this matter, please co	all:	
Mary E.	LaGodna	at (<u>239</u>) <u>243-2</u> Area Code Daytin	RG32 ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☎ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	raffanassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 JAH 23 PH 5: 15 The Articles of Organization for this Limited Liability Company were filed on April 19, 2013 and assigned Florida document number L 130000 57659. 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 "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NIA 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.

City

N/17
If Changing Registered Agent, Signature of New Registered Agent

L130000 57659

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 = N $AMBR = A$	lanager authorized Member	N/A	
<u>Title</u>	Name	Address	Type of Action
			Remove
			□Change
			□Add
			□Remove
			□Change
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lf an effectiv <u>Note:</u> If th	date, if other that we date is listed, the da he date inserted in a 's effective date on	ate must be specific at this block does not	nd cannot be prior to omeet the applicable	date of filing or more the e statutory filing requ	(optional an 90 days after filin uirements, this dat	g.) Pursuant to 605.020
rd is filed.	·			, at 12:01 a.m. on the		he 90th day after the
Dated	JANUAR	1 18	2023	a CPA red representative of a representative		
		Nary E.	Lacedu	a CPA	numbar	
		Signature of a	a member of additions	ed representative or a r	nemoci	

Filing Fee: \$25.00