L06000113907

| (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: | 7 |
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Office Use Only



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JAN 10 S. PRATHER

COVER LETTER

P: Registration Section Division of Corporations

| Happy Kid | s Inflatables LLC | | |
|----------------------------|--|--|--|
| borce. | Name of Lim | ited Liability Company | |
| | | | |
| ne enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| lease return all correspo | ondence concerning this matter | to the following: | |
| | Madison Cochran | | |
| - | | Name of Person | |
| | Happy Kids Inflatables LL | С | |
| | | cerning this matter to the following: In Cochran Name of Person Sids Inflatables LLC Firm/Company Fring Lane Address d. FL 33811 City/State and Zip Code knight0131@gmail.com E-mail address: (to be used for future annual report notification) at (Area Code) Daytime Telephone Number | |
| | 4458 Spring Lane | | |
| | Address Lakeland, FL 33811 | | |
| | Lakeland, FL 33811 | | |
| | | City/State and Zip Code | · |
| | madison.knight0131@gmai | | |
| | | · | ication) |
| For further information of | concerning this matter, please ca | all: | |
| Madison Cochran | | 863 640-3011 | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Inclosed is a aboat for t | ho fallouine magnete | | |
| Enclosed is a check for t | ne tonowing amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & 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

| (Name of the Lim | ted Liability Compa (A Florida Limited) | iny as it now appears on our Liability Company) | records,) |
|--|---|--|---------------------------------------|
| he Articles of Organization for this Limited L forida document number L06000113907 | | were filed on 11/28/2006 | and assigned |
| his amendment is submitted to amend the fol | | | |
| y. If amending name, enter the new name o | of the limited liab | ility company here: | <i>်</i> ပ |
| he new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designatio | n "LI.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | 4458 Spring Lane | |
| Principal office address MUST BE A STREE | ET ADDRESS) | Lakeland, FL 33811 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 4458 Spring Lane Lakeland, FL 33811 | |
| 3. If amending the registered agent and/or gent and/or the new registered office addro Name of New Registered Agent: | registered office : ess here: Madison Cochi | | enter the name of the new registe |
| New Registered Office Address: | 4458 Spring La | ane | |
| The DAGBIOLOG OTHER Addition. | | Enter Florida stree | t address |
| | Lakeland | | Florida 33811 |
| | | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

Happy Kids Inflatables LLC

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager MBR = Authorized Member

| <u>tle</u> | <u>Name</u> | Address | Type of Action |
|------------|-------------------|-----------------------|----------------|
| IGR | Lawrence T Martin | 3212 Stevenson Street | |
| | | Plant City, FL 33566 | ■ Remove |
| | | | 🗀 Change |
| MGR | Madison Cochran | 4458 Spring Lane | ≣Add |
| | | Lakeland, FL 33811 | □Remove |
| | | | Change |
| MGR | Carson Cochran | 4458 Spring Lane | ≣Add |
| | | Lakeland, FL 33811 | □Remove |
| | | | Change |
| | | | □Add |
| | | | □ Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
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| | | | □Remove |
| | | | □ Change |

| | Signature | of a member or autho | orized representative o | f a member | | دن |
|--|---|-----------------------|---------------------------------------|-------------------------------------|---------------------------------------|---------------|
| | J~ | 2 m | | | | en en |
| November 21 | | 2024 | <u> </u> | | <i>t</i> . | : :: |
| ar valletti | | | | | | 1 |
| ecord specifies a delayed is filed. | l effective date, bu | t not an effective ti | ne, at 12:01 a.m. on | the earlier of: (b) | 5- The 90th o | lay after the |
| ocument's effective date | | | ione state of y mility | requirements, tills t | auc will 1101 | i oc nsieu a |
| fective date, if other t in effective date is listed, the ote: If the date inserted | han the date of the date must be specified this block days. | filing: | to date of filing or mor | (option e than 90 days after fil | al) ling.) Pursua late will not | nt to 605.020 |
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