

L09000008374

(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



200254932042

12/23/13--01013--014 **25.00

RECEIVED
FEBRUARY 13 2014
TALLAHASSEE, FLORIDA

13 FEB 23 4:04 PM

016 1070

J. Shivers JAN 21 2013

637



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2013

PATRICK LARSSON
7203 SPOONFLOWER CT
LAKEWOOD RANCH, FL 34202

SUBJECT: INTERNATIONAL QUALIT SERVICES LLC
Ref. Number: L09000008334

We have received your document for INTERNATIONAL QUALIT SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 613A00029267

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: International QualiT Services LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrick Larsson

Name of Person

Firm/Company

7203 Spoonflower Ct.

Address

Lakewood Ranch, FL 34202

City/State and Zip Code

patrick@serendipity.nu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Larsson

Name of Person

941 704 3797

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INTERNATIONAL QUALIT SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 26, 2009 and assigned Florida document number L09000008334.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HAPPI PAPI LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

n/a

New Registered Office Address:

Enter Florida street address

Florida

City

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 608, 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.

(not Changing agent, so not signing here)

If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

PATRICK LARSSON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
FALL ARIZONA
2013

13 DEC 23 21 04 12