

L09000031993

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


J. BRYAN

AUG 21 2009

J. BRYAN

SEP - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE HAPPY CONCH 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:

YVONNE GONZALEZ-QUEVEDO

Name of Person

THE HAPPY CONCH LLC

Firm/Company

680 N LAKE DRIVE

Address

KEY LARGO, FLORIDA 33037

City/State and Zip Code

PABLOGQ@FINDSER.COM

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

For further information concerning this matter, please call:

PABLO GONZALEZ-QUEVEDO

Name of Person

at (786) 3890272

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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09 AUG 31 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2009

YVONNE GONZALEZ-QUEVEDO
THE HAPPY CONCH LLC
680 N LAKE DRIVE
KEY LARGO, FL 33037

SUBJECT: THE HAPPY CONCH LLC.
Ref. Number: L09000031993

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09 AUG 31 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE HAPPY CONCH 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P05000100634, FINDSER INC..

Please return 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 709A00028482

Letter Attached

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



To The Department of State;

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09 AUG 31 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I Pablo Gonzalez-Quevedo (former President) of Findser Inc

Document # P05000100634 is writing this letter to inform The

Department of State to release said entity name for use to another

entity as I do not have any intention of reinstating said name.

Sincerely

A handwritten signature in black ink, appearing to read "Pablo Gonzalez-Quevedo", with a large, stylized initial "P" and a flourish at the end.

Pablo Gonzalez-Quevedo
PH 786.389.0272

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

THE HAPPY CONCH 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 04/02/2009 and assigned
Florida document number L09000031993.

This amendment is submitted to amend the following:

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

FINDSER LLC

The new name must be distinguishable and end with 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)

680 N LAKE DRIVE

KEY LARGO, FL 33037

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 371311

KEY LARGO, FL 33037

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

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.

If Changing Registered Agent, Signature of New Registered Agent

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09 AUG 31 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PABLO GONZALEZQUEVEDO	680 N LAKE DR KEY LARGO, FL 33037	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 09 AUG 31 PM 3:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 08/18, 2009



Signature of a member or authorized representative of a member

YVONNE GONZALEZ-QUEVEDO

Typed or printed name of signee