10000018901

(Doguactor's Name)	_				
(Requestor's Name)					
	_				
(Address)					
(Address)					
()					
(City/State/Zip/Phone #)					
(City/State/Zip/Filone #)					
PICK-UP WAIT MAIL					
•					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

L. SELLERS
APR 2 7 2010
EXAMINER

Office Use Only



500176762845

94/22/10 -01044--004 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

10.	Division of Corpo			
SHR IE	·CT•	HAPPY ENO	ling HC	
SUBJECT:Name of Limit			ling LLC led Liability Company	
		nendment and fee(s) are sub	-	
Please 1	eturn all correspond	ence concerning this matter	to the following:	
			JAMIE B. HAYES Name of Person	
			Name of Person	
			APPM Ending Lic Firm/Company	
		461	h Pinelake DR. Address	
St. Cloud The City/State and Zip Co			·Cloud FL 34769	
			City/State and Zip Code FILMS @ MSN · COM	
	•		o be used for future annual report notificat	ion)
For furt	her information con	cerning this matter, please ca	all:	
Michael Shadeh Name of Person			at (407) 460 . 2710 Area Code & Daytime To	elephone Number
Enclose	ed 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)
		G ADDRESS:	STREET/COURIER Registration Section	ADDRESS:

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAP	py Ending HC	
(Name of the Limited Lia (A Flo	ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on FE	Bavaray 1844, 2010 and assigned
Florida document number <u>L10000018901</u>		
This amendment is submitted to amend the following	ng;	
A. If amending name, enter the new name of the	e limited liability company here	:
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ir records, enter the name of the new
Name of New Registered Agent:		10 AI
New Registered Office Address:		HASS 2
	Ente	er Florida street address
-	City	, Florida Zin Sode
New Projetered Agent's Signature if changing Proj	istored Agent:	āw o

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

MGR = Manager MGRM = Managing Member **Title** Name 1 **Address Type of Action** MCRM JENNIFER SHADEN 1112 Tyrone Ct. ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 20th Dated Signature of a member or authorized representative of a member JAMIE B. HAYES

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00