

| (D. | annatada Nama | |
|-------------------------|--------------------|-----------------|
| (Re | equestor's Name) | |
| (Ad | Idress) | |
| . (^u | iuicssj | |
| (Ád | ldress) | |
| • | , | |
| (Cit | ty/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | ısiness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| Special Instructions to | Filing Officer: | į |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only

G. MCLEOD

DEC 13 2010

EXAMINER



600188429836

12/10/10--01003--011 **55.00

SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|------------------|---|--|--|--|--|--|
| SUBJE | CT: Happy Harbor LLC | | | | | |
| | Name of Limited Liability Company | | | | | |
| The end | losed Articles of Amendment and fee(s) are submitted for filing. | | | | | |
| Please r | eturn all correspondence concerning this matter to the following: | | | | | |
| | Kim Gregory | | | | | |
| | Name of Person | | | | | |
| Happy Harbor LLC | | | | | | |
| Firm/Company | | | | | | |
| | 27212 Marina Road | | | | | |
| | Address | | | | | |
| | Orange Beach, AL 36561 | | | | | |
| | City/State and Zip Code | | | | | |
| | Happyharbor1@gmail.com E-mail address: (to be used for future annual report notification) | | | | | |
| For furt | her information concerning this matter, please call: | | | | | |
| | Kim Gregory at (251) 550-5897 Name of Person Area Code & Daytime Telephone Number | | | | | |
| | Name of Person Area Code & Daytime Telephone Number | | | | | |
| Enclose | d is a check for the following amount: | | | | | |
| □ \$25. | 00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} | | | | | |

MAILING ADDRESS:

TO:

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

| Нарру Н | arbor LLC | | | |
|---|----------------------|------------------------------|---|--|
| • (Name of the Limited Liability Comp (A Florida Limited | l Liability Company) | rs on our records.) | | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on | 04/16/2010 | and assigned | |
| Florida document numberL10000041165 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited lis | ability company he | <u>re</u> : | | |
| The new name must be distinguishable and end with the words "Li" "L.L.C." | mited Liability Comp | any," the designation "LI | C" or the abbreviation | |
| Enter new principal offices address, if applicable: | | F | <u> </u> | |
| (Principal office address MUST BE A STREET ADDRESS) | | | <u>8 8 7 </u> | |
| | | ASS. | | |
| | | in c | P III | |
| Enter new mailing address, if applicable: | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
| (Mailing address MAY BE A POST OFFICE BOX) | | ORIDA | ि | |
| | | | a name of the nex | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address here. | | our records, <u>enter th</u> | e name of the new | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Er | nter Florida street addr | ess | |
| | , 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

· 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 **Address Type of Action Title** <u>Name</u> **MGRM** Michael J. Specchio 1489 Cty Rd 2800 North ✓ Add Remove Rantoul, II 61866 ☐ Add ☐ Remove ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 1 2010 Dated_

Kim Gregory ²
Typed or printed name of signee

of amember

Signature of a member of authorized representative

Page 2 of 2
Filing Fee: \$25.00