L11000024346

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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T. Burch JAN Q 8 2018

COVER LETTER

TO: Desistantian Co.	4		40
TO: Registration Sec Division of Corp			'Ar
SUBJECT:	Happy 3	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Danie	e (Gimbel Name of Person	
	1	Name of Person	
	Happy	1 5, LLC	
	_1116 L	Firm/Company Iniversity Blvd f Address	Apt. 22
	Jupiter	Address 33458	3
	daniel, c	City/State and Zip Code Timbel (2) Mail. Com to be used for future annual report notifica	otion)
For further information co	ncerning this matter, please ca		
Daniel	Gimbel		3730
Name of	Person		elephone Number
Enclosed is a check for the	e 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

 \mathbf{OF}

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U	14 JAN -2 PM 4: 37
Happy 3, L	1- C
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records: DEELE LORIDA Jiability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000024346</u> .	were filed on $\frac{2/25/2911}{\text{and assigned}}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1116 University Blvd.
(Principal office address MUST BE A STREET ADDRESS)	1116 University Blvd. Apt. 22 July 125 Piter, FL 33458
Enter new mailing address, if applicable:	1/16 University Blvd. Apt. 22 Dipiter, FL 33458
(Mailing address MAY BE A POST OFFICE BOX)	Jupiter, FL 33458
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
	aniel Gimbel
New Registered Office Address: 1116	University BNd. Apt. 22 Enter Florida street address
J 600	+er
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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

If amending the Managers or Authorized Member on our records, 9	<u>enter the title, name, and address of each Manager or</u>
Authorized Member being added or removed from our records:	
,	

MGR = Ma $AMBR = Aa$	anager uthorized Member		
Title MGR	Name Daniel Gimbel	Address 116 University Blvd. Apt. 22 Jupiter, PZ 33458	Type of Action Add Remove
			Add
		TALL AHASS	2 2 2
		ORIDA	Remove
			Remove Add Remove

). If a	mending any other information, enter change(s) here: (Attach additional shee	ets, if necessary.)
•	. ,	
. Effe	ective date, if other than the date of filing:	(optional)
	ffective date is listed, the date must be specific and cannot be more than 90 days a	
ated _	December 30, 2013. Stanley R. Orkey	
	Signature of a member or authorized representative of a m	
	STANLEY R. ARKY	iember
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	TALLABASS
		2 PM US 37 SEELFLORIDA SEELFLORIDA

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

MGR = Manager

AMBR = Authorized Member