# 111000140653

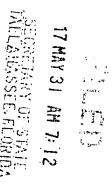
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



100298971041

05/30/17--01019--023 \*\*30.00



JUN 0 1 2017 J SHIVERS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Happy IN Love, LLC (name Change) 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:
Kelley Chappell, PhD Name of Person
Firm/Company
1200 Marine Way BDZ
North Palm Beach, FL 33408
North Palm Beach, FL 33408  City/State and Zip Code  Kelley Chappell Damail. Com  E-hail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelley Chappell, PhD at (56) 578-0960  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \tag{0.00 Filing Fee & Certified Copy (additional copy is enclosed)} \tag{0.00 Filing Fee, Certified Copy (additional copy is enclosed)} \tag{0.00 Filing Fee, 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

Happy IN Love, L. L. (Name of the Limited Liability Companied (A Florida Limited)	L C	
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our records.) Liability Company)	10 1 1
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000140653</u>	were filed on 12/17/20	notification det 11 and assigned 115/2011
This amendment is submitted to amend the following:		(Kpc)
A. If amending name, enter the new name of the limited liah		
Psychology of Success Coa The new name must be distinguishable and contain the words "Limited Liabi	ching, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1200 Marine W North Palm Bea	ay BD2
(Principal office address MUST BE A STREET ADDRESS)		ach, FC
	33408	<u> </u>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1200 Marine L North Palm Beau 33408	vay, BD2 Ly FC
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	P. D. H. L. H.	SSR 3
	Enter Florida street address	
	, Florida	0 60 V
	City	Zip Gode "

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
· · · · · · · · · · · · · · · · · · ·			□ Add
			Remove
			Change
			□ Add
			Remove
			□ Change
			□ Add
			Remove

\_□ Change

		•					
			·				
							<del></del>
						• ····	
		, <del>.</del>					
			· · · · · · ·		<u> </u>		
						17 F	
· · · · · · · · · · · · · · · · · · ·					\$2	NY.	
	-	<u></u>			1885 XXX	<u>—</u>	70 % 1
					<u> (ji) (j.</u>	<u> </u>	- forcibe
					, C 5	77	Townson,
					ê.	2	
					\$5		
ective date, if other than	the date of filing:		9.00	(opti	onal)		<b>605.00</b> (
	is block does not me	et the applicable	ate of filing or more statutory filing i	e than 90 days after equirements, this	s date will	not be	listed a
te: If the date inserted in thi	e Department of Sta	te's records.					
te: If the date inserted in thi							arlier (
te: If the date inserted in this cument's effective date on the	ved effective da	te but not a	n effective tin	ne at 12:01 a	am. on i	the ea	
te: If the date inserted in thi cument's effective date on the record specifies a dela		te, but not a	n effective tin	ne, at 12:01 a	a.m. on t	the ea	ainei (
te: If the date inserted in thi cument's effective date on the record specifies a delate of the 90th day after the	record is filed.				a.m. on i	the ea	arner (
nte: If the date inserted in thi cument's effective date on the record specifies a dela The 90th day after the	record is filed.				a.m. on 1	the ea	arner (
un effective date is listed, the date offer. If the date inserted in this cument's effective date on the record specifies a dela. The 90th day after the lated May 24, where the lated May 24, where the lated May 24.	record is filed.				a.m. on i	the ea	ai nei (

Page 3 of 3

Filing Fee: \$25.00