Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Erom:

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Account Name : HAPPY TAX MULTI SERVICE LLC-

Account Number : I20190000101

Phone

: (305)904-7224

Fax Number : (305)513-5827

选Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: happytax multiservice @ gmail. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

F&A ELECTRIC CONTRACTORS LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

From: +13055905842 (Happy Tax)

F&A ELECTRIC CONTRACTORS LLC (Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number 1.12000130696		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	ability 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	<u> </u>	20
Enter new mailing address, if applicable:		<u> </u>
(Muiling address MAY BE A POST OFFICE BOX)		ل ــــ
		. 0
	•	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter th</u>	e name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	ida
*·is a	Citi	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. Hurther 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, it this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To: +18506176383

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FELIX DOMINGUEZ	631 EAST 35 ST	
		HIALEAH, FL 33013	
			≅ Change
Secretary	ARELIS IGLESIAS	19812 NW 67 CT	DAdd
	HIALEAH, FL 33015	□Remove	
		■ Change	
***		DAdJ	
			□Remove
		□Change	
			□Add
			□Remove
			[IChange
			DAId
			CJRemove
			ClChange
			
			[] Remove
			c lClange

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Note: If the date i	other than the date of filing:
ie record specifies a ord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated AUGUST	2020 A k:
	Signature of a member or authorized representative of a member
	Felix Dominguer Typed or printed name of signee