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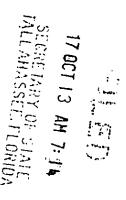
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## **COVER LETTER**

TO: Registration Sec Division of Corp						
SUBJECT:	Happy Ho-	mes of Tamp ited Liability Company	a LLC			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.				
Please return all correspon	ndence concerning this matter t	to the following:				
	N	a fees Ahma	ad			
Firm/Company						
	12301	N Sty. St	<del></del>			
	Tum	DA FL 336	17			
	nafees nafees E-mail address: (1	o be used for future annual report notifi	ication)			
For further information co	 oncerning this matter, please ca	ıll:				
Name of	Person Almad	at (813) 980.  Area Code Daytime	- 2429. Telephone Number			
Enclosed is a check for th	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 OF

(Name of the Limite	d Liability Company as it now a A Florida Limited Liability Comp	ippears on our records.)	<u>LL</u>	
The Articles of Organization for this Limited Lie Florida document number \( \bigcup \frac{13000}{13000} \)	ability Company were filed o	חכ	and assigned	
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liability compa	ay here:		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applica				
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> )			
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address ce address here:	on our records, enter	the mane of the ne	<u>w</u>
Name of New Registered Agent:	Nafeer	Ahmad	OCT 13	
New Registered Office Address:		Slst. 9.		Ą
		Florida street address	- CO 7 (C)	7
	1 ampa	, Florida	337617 Zip Code	
	7		en cone	

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 = Manager AMBR = Authorized Member

litte	<u>Name</u>	Address	Type of Action
MGR.	Han: Twam	12361 N SIST 55	🗀 Add
		12301 NSIST 55T Tampa fr 33617	Remove
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific and block does not r	d cannot be pr neet the app	licable statut	ling or more than 9 ory filing require	(optional) O days after filing ements, this date	r ) Purmant to A	605.020 isted a:	7 (3)(t s the
f the record specifies a delay b) The 90th day after the re	ed effective of scord is filed.	date, but :	not an effe	ctive time, at	: 12:01 a.m.	on the ear	rlier o	f:
Dated		2013	<del></del> .					
	Signature of a	Cunva member or au	thorized repre	sentative of a mem	ber			
	Nafe	Typed or pri	Ahm	signee				

Page 3 of 3

Filing Fee: \$25.00