



# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BE HAPPY KIDS PARTIES & PACKAGES, LLC  
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:

MR. GREEN VIANA  
Name of Person

Firm/Company

11318 SUMMER WIND CT  
Address

CLERMONT, FL 34711  
City/State and Zip Code

eunaocho@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MR. GREEN VIANA at ( 347 ) 283-2274  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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

FILED  
16 DEC -5 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

BE HAPPY KIDS PARTIES & PACKAGES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/03/2014 and assigned Florida document number L14000054418.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BE HAPPY KIDS SALON SPA PARTIES, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

11318 SUMMER WIND CT

**(Principal office address MUST BE A STREET ADDRESS)**

CLERMONT, FL 34711

Enter new mailing address, if applicable:

11318 SUMMER WIND CT

**(Mailing address MAY BE A POST OFFICE BOX)**

CLERMONT, FL 34711

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ISAMARA J. VIANA

New Registered Office Address:

11318 SUMMER WIND CT

*Enter Florida street address*

CLERMONT

*City*

, Florida 34711

*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 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**

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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>	<u>Address</u>	<u>Type of Action</u>
P	ISAMARA J. VIANA	11318 SUMMER WIND CT CLERMONT, FL 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	ISAMARA J. VIANA	11318 SUMMER WIND CT CLERMONT, FL 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	MR. GREEN VIANA	11318 SUMMER WIND CT CLERMONT, FL 34711	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
P	BRYAN S. ALMEIDA	  N/A	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	BRYAN S. ALMEIDA		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	BRYAN S. ALMEIDA		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Please I'm BRYAN S. ALMEIDA, would like to inform you that I'm saling back and given back the Original company which named as BE HAPPY KIDS SALON SPA PARTIES, LLC To ISAMARA J. VIANA, And please addd the FEIN/EIN, which is 46- 529 0392.

For now more I'm Sign and date on 11/30/16 Bryan Almeida

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the day specified, the effective date is: (b) The 90th day after the record is filed.

Dated 11/30/16, \_\_\_\_\_

Bryan Almeida  
Signature of a member or authorized representative of a member

BRYAN S. ALMEIDA

Typed or printed name of signee

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