## 1400054418

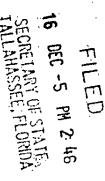
(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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D. SCOTT DEC 6 2016

## **COVER LETTER**

Div	ision of Corp	porations	,			
SUBJECT:	BE HAPPY	KIDS PARTIES & PACKAC	GES, LLC			
SOPRECI.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all co <del>rre</del> spor	ndence 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			
		eunaoacho@hotmail.com				
		E-mail address: (t	to be used for future annual report notif	ication)	_ <b>_</b>	
For further in	nformation co	ncerning this matter, please ca	all:		A SEC	
MR. GREEN			347 283-2274		CARRIED .	FIL
	Name of	Person	Area Code Daytime	Telephone Number	DEC -5 PH 2: 46 ALLAHASSEE FLORIDA ng Fee,	ED
Enclosed is a	check for the	e following amount:			) SE 24	
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	e of Status &	ı

MAILING ADDRESS:

TO:

**Registration Section** 

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

BE HAPPY KIDS PARTIES & P.	•		
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	<u>J</u>
The Articles of Organization for this Limited	Liability Company	were filed on	and assigned
lorida document number L14000054418	·		
his amendment is submitted to amend the fo	llowing:		
a. If amending name, enter the new name	of the limited liab	oility company here:	
BE HAPPY KIDS SALON SPA PARTIES, LLC			
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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	
		11318 SUMMER WIND CT	
Enter new mailing address, if applicable:		CLERMONT, FL 34711	
Mailing address MAY BE A POST OFFICE  3. If amending the registered agent and egistered agent and/or the new registered of the new r		ffice address on our records	enter the mamer of the
Name of New Registered Agent:	ISAMARA J. V	VIANA	ORAGE 2: 46
New Registered Office Address:	11318 SUMMI	ER WIND CT	<b>*</b> ** -
		Enter Florida street address	
	CLERMONT	, Flo	rida <sup>34711</sup>
		City	7in 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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
P	ISAMARA J. VIANA	11318 SUMMER WIND CT	Add
		CLERMONT, FL 34711	□ Remove
			☐ Change
AMBR	ISAMARA J. VIANA	11318 SUMMER WIND CT	Add
		CLERMONT, FL 34711	□ Remove
			□ Change
MGR	MR. GREEN VIANA	11318 SUMMER WIND CT	Add
		CLERMONT, FL 34711	□ Remove
			☐ Change
P	BRYAN S. ALMEIDA		Add
			Remove
		Alx	Change
AMBR	BRYAN S. ALMEIDA		□ Add
			Remove
			Schalle M
MGR	BRYAN S. ALMEIDA		
			Remove
			☐ Change

ompany which named as BE HAPP	Y KIDS SALON SPA PART	TES, LLC To ISAM	ARA J. VIANA, A	And please
ddd the FEIN/EIN, which is 46- 529	0392.			
or now more I'm Sign and date on	11/30/16	Byn	gneis	
ve date, if other than the date of ective date is listed, the date must be specified the date inserted in this block does ent's effective date on the Department.	ific and cannot be prior to date or s not meet the applicable stat			
ord specifies a delayed effect 90th day after the record is t	tive date, but not an ef filed.	fective time, at	12:01 a.m. or	FC 最 5
11/30/16		r	ָּ - -	OF STATE

Page 3 of 3

Filing Fee: \$25.00