L140000 74051

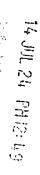
(Rec	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	; #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





700262393127

07/24/14--01015--021 **25.00



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: HAPPY World TAVE 11, 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:				
HIEN Phund Name of Person				
HODPY WORLD TRAVEL 11, LLC				
14921 EVECSTINE ST				
TAMPA F1 3362Y				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
HIEN Phung at (813) 2041095 Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Secretificate of Status Secretified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 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

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LIYODO7405</u> .	were filed on 51120	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	14921 Eversh	ine St	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FI	33624	
		marita Heam	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
ATOM ANGESTION OTHER AUDIESS.	Enter Florida street address		
	, Florida		
	City	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MbF	NGA THI ROBLES	18950 N DATE MALORY HOW	□ Add		
			D Remove		
			□ Add		
			Remove		
			_		
			Remove		
			Add		
		· · ·	Remove		
			□ Add		
			Remove		
			_		
			_□ Add		
			_□ Remove		

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

Please Change the Austronic Member (AMBR)

Elective to 1492 Elective State

Tamper Florida Elective State

(optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Signature of amember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00